



Beneficiary change request for Blue Shield of California Life & Health Insurance Company (Blue Shield Life)

Note: Please complete this entire claim form. This form cannot be processed if information is incomplete. Please print using ink.

Group name	Group policy number
Insured's name	Social Security number

Blue Shield Life will pay the proceeds to the primary beneficiary. If more than one person is named as primary beneficiary, the proceeds will be distributed equally to those who survive the insured, unless otherwise specified in the % column.

Section 1 – Primary life insurance beneficiary

Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Social Security number	Address	City	State	ZIP	
Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Social Security number	Address	City	State	ZIP	

Proceeds will be paid to a contingent beneficiary if no primary beneficiary survives the insured.

Section 2 – Contingent life insurance beneficiaries

Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Social Security number	Address	City	State	ZIP	
Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Social Security number	Address	City	State	ZIP	

Insured's signature _____ Date _____ Witness _____ Date _____

Section 3 – Community property laws

If you are married or in a domestic partnership, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin) and name someone other than your spouse or domestic partner as beneficiary, it is possible that payment of benefits will be delayed or disputed unless your spouse/domestic partner also signs the beneficiary designation.

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I agree to the above-stated beneficiary designation(s).

Print spouse/domestic partner name: _____

Spouse/domestic partner signature: _____ Date _____

Instructions for completing the Beneficiary change request

- Do not forget to sign and date this form and make two copies.
- For insured persons under a group policy: Submit this form to your Human Resources Department. Keep one copy for your records.
- For individual policy holders: Send one copy of this form to Blue Shield of California Life & Health Insurance Company, 4203 Town Center Blvd., El Dorado Hills, CA, 95762.
- If the named beneficiary is a minor at the time of payment, a court-appointed legal guardian of the minor child's estate may be required for payment of proceeds.
- If more than one primary or contingent beneficiary is named, and they are not to share equally, be sure to show percentages, or fraction, not dollar amounts for each.*
- If you have any questions, please call (888) 800-2742.

* If three or more beneficiaries are to share equally, state, "In equal shares", or "in equal share to the survivors" or "all to the survivor."