



Life Insurance/Beneficiary Change Form

Complete entire form to make changes.

Employer Send completed form to: 1076 Franklin Street SE, Olympia, WA 98501-1346

Employer name _____ Monthly base earnings _____ Date of hire _____ Effective date _____

Employee Please print legibly in blue or black ink.

SSN _____ Employee Name (last, first, initial) _____ Date of birth _____ Gender _____

Home/ mailing address _____ Phone (with area code) _____

City _____ State _____ Zip _____ Email address _____

Life Insurance Beneficiaries

For life insurance policies as underwritten by Standard Life Insurance only. Please note that in community property states, including Washington, the spouse has legal right to 50% of the benefits, in the event of the employee's death.

Name of primary beneficiary (last, first, initial) _____ Name of contingent beneficiary #2 (last, first, initial) _____

SSN _____ SSN _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Relationship to insured _____ Percent of proceeds _____ Relationship to insured _____ Percent of proceeds _____

Name of contingent beneficiary #1 (last, first, initial) _____ Name of contingent beneficiary #3 (last, first, initial) _____

SSN _____ SSN _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Relationship to insured _____ Percent of proceeds _____ Relationship to insured _____ Percent of proceeds _____

Your signature is required

I hereby verify that all of the information specified on this form is accurate and complete. By signing below, I have authorized the release of information for myself and my dependents to Standard Life Insurance.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

*For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Standard Consumer Privacy Notices by contacting the carrier directly.

Signature _____

Date _____



1100 SW 6th Ave
Portland, OR 97204

TheStandard

Standard Insurance Company

- Basic Life \$ _____
- Accidental Death & Dismemberment
- Dependent Life**
 - Plan option 1
 - Plan option 2
 - Plan option 3
 - Plan option 4**
- Employee Additional Life \$ _____
Note: EOI form required if over \$80,000.
- Spouse Additional Life \$ _____
Note: Cannot exceed 50% of employee additional life. EOI required, if over \$20,000.