



Beneficiary Designation For PEBB Benefits

- Office Use Only -

Approved by ____ Date ____

Effective Date _____

See the Summary Plan Description for more information: www.oregon.gov/DAS/PEBB/SPD.shtml

1. Contact Information

PEBB Benefit Number (P#####), Employee ID, University ID

| | | | | |
|-----------|------------|----|----------|---|
| Last Name | First Name | MI | Agency # | Gender <input type="checkbox"/> F <input type="checkbox"/> M |
|-----------|------------|----|----------|---|

PEBB and the plans in which you enroll will send **all** benefit-related correspondence to your contact address.

| | | | | | | |
|-----------------|---|-------|------|-------|-----|--------|
| Contact Address | <input type="checkbox"/> Check if New Address | Apt # | City | State | Zip | County |
|-----------------|---|-------|------|-------|-----|--------|

| | | | | |
|--------------------|---------------|-------------|-----------------|------------|
| Residence Zip Code | Work Zip Code | Work E-mail | Personal E-mail | (optional) |
|--------------------|---------------|-------------|-----------------|------------|

| | | | |
|--------------------------------------|---------------------|---------------------|------------|
| Date of Birth _ _ / _ _ / _ _ _ _ | Work Phone () - | Home Phone () - | (optional) |
|--------------------------------------|---------------------|---------------------|------------|

2. Beneficiary Designation

Primary beneficiaries are first in line for distribution; contingent beneficiaries are next.

I elect:

- The **Standard Order of Survivorship** as established by Oregon law (no beneficiaries listed)
- To designate the following beneficiary(s) (attach separate sheet if necessary)

| Name | Address | City | State | Zip | Relationship | Primary | Contingent | Percentage (whole number) |
|------|---------|------|-------|-----|--------------|--------------------------|--------------------------|------------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | % |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | % |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | % |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | % |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | % |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | % |

3. Employee Signature and Authorization

I hereby revoke any and all previous beneficiary designations for my PEBB benefits.

Employee Signature

Date

Submit completed form to your agency payroll or university benefits office

Keep a copy of all benefit documents for your records.