

SAG-AFTRA HEALTH PLAN

3601 W. Olive Ave., Burbank, CA 91505 • Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830
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Designation of Beneficiaries Form

Use this form to designate the beneficiaries of your SAG-AFTRA Health Plan (Plan) benefits in the event of your death. You may choose anyone to be your beneficiary, and you may change your designation at any time. This is a confidential legal document, which the participant or legal guardian of the participant must sign.

About you:

First and last names:	Date of birth (MM/DD/YYYY): / /	SSN: - -
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Instructions: You must list at least one primary and one secondary beneficiary. (See sample on reverse side.) You cannot list yourself as a beneficiary. Be sure to indicate the share to be paid to each beneficiary. Benefits will not be paid to any secondary beneficiary unless all primary beneficiaries are deceased. For example, if you name two primary beneficiaries and one of them dies, the surviving primary beneficiary will receive all of the benefits upon your death even if you name one or more secondary beneficiaries.

You must complete a separate *Designation of Beneficiaries Form* from the SAG-Producers Pension Plan and/or the AFTRA Retirement Plan for possible pension benefits that may be payable upon your death.

Primary beneficiary — If you have additional primary beneficiaries, please list them on the back of this form.

Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		
Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		

Secondary beneficiary — If you have additional secondary beneficiaries, please list them on the back of this form.

Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		
Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		

Signature of participant or legal guardian

Date

Sample beneficiary designation

Primary beneficiary

NAME MARY SMITH	RELATIONSHIP MOTHER	SHARE OF BENEFIT 100%
ADDRESS 12345 ANY STREET, ANY TOWN, STATE, ZIP CODE		
EMAIL MARYSMITH@MARYSMITH.COM	PHONE NUMBER (800) 777-4013	
NAME N/A	RELATIONSHIP N/A	SHARE OF BENEFIT N/A
ADDRESS N/A		
EMAIL N/A	PHONE NUMBER N/A	

Secondary beneficiary

NAME NANCY WHITE	RELATIONSHIP FRIEND	SHARE OF BENEFIT 50%
ADDRESS 12345 ANY STREET, ANY TOWN, STATE, ZIP CODE		
EMAIL NANCYWHITE@NANCYWHITE.COM	PHONE NUMBER (800) 777-4013	
NAME JAMES SMITH	RELATIONSHIP BROTHER	SHARE OF BENEFIT 50%
ADDRESS 12345 ANY STREET, ANY TOWN, STATE, ZIP CODE		
EMAIL NANCYWHITE@NANCYWHITE.COM	PHONE NUMBER (800) 777-4013	

Additional beneficiary designation (optional)

Additional primary beneficiary

Name:	Relationship:	Share of benefit: %
Address:		
Email:	Phone:	
Name:	Relationship:	Share of benefit: %
Address:		
Email:	Phone:	

Additional secondary beneficiary

Name:	Relationship:	Share of benefit: %
Address:		
Email:	Phone:	
Name:	Relationship:	Share of benefit: %
Address:		
Email:	Phone:	