



**HEALTH AND WELFARE
BENEFICIARY DESIGNATION FORM
GROUP LIFE INSURANCE**

New
 Change

RETIREE INFORMATION

Social Security Number	Last Name	First Name			M.I.
Street Address	City	State	Zip Code	Telephone No.	

BENEFICIARY ELECTION INFORMATION

Please provide full name and address, percentage of benefit, relationship, birth date and Social Security Number of your beneficiary(ies).

I. Group Life Insurance

Primary Beneficiary(ies) Complete Name	Mailing Address	Percentage of Benefit	Relationship	Birth Date	Social Security Number
		%		_/_/___	
		%		_/_/___	
		%		_/_/___	
		Total 100%			
Contingent Beneficiary(ies) Complete Name	Mailing Address	Percentage of Benefit	Relationship	Birth Date	Social Security Number
		%		_/_/___	
		%		_/_/___	
		%		_/_/___	
		Total 100%			

Subject to the terms and conditions of the J.R. Simplot Company Group Life Insurance policy provided by Regence Life and Health Insurance Company, I request that any sum becoming payable by reason of my death be payable to the above indicated beneficiary(ies).

Signature _____

Date _____

**EMPLOYEE SERVICE CENTER
HR/BENEFIT SPECIALIST**

Signed _____ Date _____

Examples:**One Beneficiary**

Primary Beneficiary(ies) Complete Name	Mailing Address	Percentage of Benefit	Relationship	Birth Date	Social Security Number
Janet R. Jones	1234 Main St. Anytown, USA 12345	100%	Wife	01/01/60	111-22- 3333
		Total 100%			

Two Beneficiaries in Equal Distribution

Primary Beneficiary(ies) Complete Name	Mailing Address	Percentage of Benefit	Relationship	Birth Date	Social Security Number
Jeffrey Jones	1111 Main St. Anytown, USA 12345	50%	Son	01/01/80	222-33- 4444
Sarah Smith	2222 Main St. Anytown, USA 12345	50%	Daughter	01/01/90	333-44- 5555
		Total 100%			

Two Beneficiaries in Unequal Distribution

Primary Beneficiary(ies) Complete Name	Mailing Address	Percentage of Benefit	Relationship	Birth Date	Social Security Number
Jeffrey Jones	1111 Main St. Anytown, USA 12345	75%	Son	01/01/80	222-33- 4444
Sarah Smith	2222 Main St. Anytown, USA 12345	25%	Daughter	01/01/90	333-44- 5555
		Total 100%			

One Primary and One Contingent Beneficiary

Primary Beneficiary(ies) Complete Name	Mailing Address	Percentage of Benefit	Relationship	Birth Date	Social Security Number
Jeffrey Jones	1111 Main St. Anytown, USA 12345	100%	Son	01/01/80	222-33- 4444
		Total 100%			
Contingent Beneficiary(ies) Complete Name	Mailing Address	Percentage of Benefit	Relationship	Birth Date	Social Security Number
Sarah Smith	2222 Main St. Anytown, USA 12345	100%	Daughter	01/01/90	333-44- 5555
		Total 100%			

Trustee and Insured's Estate

Primary Beneficiary(ies) Complete Name	Mailing Address	Percentage of Benefit	Relationship	Birth Date	Social Security Number
Jeffrey Jones		50%	Trustee under trust agreement dated 01/01/01		
Insured's Estate		50%	My Estate		
		Total 100%			