

Housing Authority Insurance Group (HAIG)
Free \$5,000 Life Insurance
(Coverage amount reduces at age 65 to \$3,250.00 and at age 70 to \$2,500.00)

Designation of Beneficiary

In the event of your death while employed at the Seattle Housing Authority, please designate beneficiary(ies) of your HAIG life insurance. You may designate your **estate** as your beneficiary by writing in: "THE PERSONAL REPRESENTATIVE, EXECUTOR, OR ADMINISTRATOR OF MY ESTATE" (do not show anyone's name).

Coverage is completely at the discretion of HAIG and only covers current regular employees who work 30 hours or more per week.

Please refer to the back of this page for more information regarding this insurance. If more space is needed for beneficiaries, use a separate list (print names clearly), sign, and date and attach to this form. Please note that HAIG benefits are effective on the date determined by the Housing Authority Insurance, Inc.

Employee Name (Print): _____ Effective Date: _____
(Effective date to be completed by HR)

- Initial Enrollment Open Enrollment Changing Beneficiary

Primary Beneficiary(ies): (Please print)

| Printed Name | Address | Date of Birth | Relationship | Percentage |
|--------------|---------|---------------|--------------|------------|
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Contingent Beneficiary(ies): (Contingent beneficiary means the person listed below will only receives the benefit if your named primary beneficiary(ies) is deceased. You are not required to list a contingent beneficiary.)

| Printed Name | Address | Date of Birth | Relationship | Percentage |
|--------------|---------|---------------|--------------|------------|
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Please check one of the statements below:

I wish to participate in the Free Life insurance (\$5,000.00) program provided by HAIG. I understand that Seattle Housing Authority and/or HAIG intends to provide this life insurance indefinitely but reserves the right to amend or terminate this insurance at anytime with or without notice. I understand that the Group Insurance Certificate is posted in SHA intranet and it is my responsibility to access and be familiar with the plan benefits. This designation will remain in effect unless and until I submit a new Beneficiary Designation form.

*I do **not** wish to participate at this time in the Free Life insurance (\$5,000.00) program provided by HAIG. I understand that I can only sign up in the future during open enrollment.*

Employee signature

Date