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 or acting as a commissioner with the Seattle Housing Authority, please designate beneficiary(ies) of your HAIG life insurance. Coverage is completely at the discretion of HAIG and only covers current eligible employees or commissioner. Former employees and commissioners are not covered by HAIG.

Since the State of Washington is a community property state, a named beneficiary must be related by blood, or by law, or have an insurable interest in the life of the member. **Do not name a beneficiary who does not meet these requirements.** However, 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).

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.

Commissioner's Name (Print):_____Effective Date:_____January 1, 2012_____
Date of Birth:_____ Social Security Number (optional):_____

❑ Initial Enrollment ❑ Changing Beneficiary

Primary Beneficiary(ies): (Please print)

Printed Name	Address	Date of Birth	Relationship	Percentage

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

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. 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.*

_____ _____
Commissioner's Signature **Date**