

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. Coverage is completely at the discretion of HAIG and only covers current regular employees who work 30 hours or more per week. Former employees 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. Please note that HAIG benefits are effective on the date determined by the Housing Authority Insurance, Inc.

Employee Name (Print): _____ Effective Date: _____

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 do 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 any time 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