Beneficiary Designation – State of Louisiana Optional Term Life

Control # 33624 Agency ID #_______

Employee General Information					
Last Name	First	Name	Middle Initial	Social Security No.	
Beneficiary Designation					
If more than one beneficiary is desired, please write their name(s) and relationship(s) on the lines below. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive you, unless otherwise provided in the designation. If no designated beneficiary survives you, the settlement will be made to your estate, unless otherwise provided in the Group Contract.					
Optional Term Life - Primary Beneficiary Designation					
(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address:					
(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address:					
Optional Term Life - Contingent Beneficiary Designation					
(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address:					
(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address:					
Employee Signature	Date (Month, Day, Year)				
If you have any questions, please see Human Resources for details.					

(Please see "Important Notice".)

Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations and restrictions which may apply. Optional Term Life, Dependent Term Life and Personal Accident Insurance coverages are underwritten by The Prudential Insurance Company of America, 751 Broad Street, Newark, New Jersey 07102, 1-800-524-0542. Contract provisions may vary by state. Contract Series: 83500. Prudential Financial is a service mark of The Prudential Insurance Company of America, Newark, NJ, and affiliates.

