# New Granite LogoGRANITE SCHOOL DISTRICT LIFE INSURANCE COVERAGE

CHANGE OF BENEFICIARY ONLY

*All ‘\*’ lines will need to be filled out for change to be made.*

\*Name:

*Last, First, MI*

\*Date of Birth: \*Employee No.:

\*Address: City: State:

|  |  |  |
| --- | --- | --- |
| Primary | Secondary |  |
| ☐ | ☐ | Name: | Phone Number: |
|  | Relationship: | * Spouse
* Parent
 | * Child
* Other
 | % amount: |
| ☐ | ☐ | Name: | Phone Number: |
|  | Relationship: | * Spouse
* Parent
 | * Child
* Other
 | % amount: |
| ☐ | ☐ | Name: | Phone Number: |
|  | Relationship: | * Spouse
* Parent
 | * Child
* Other
 | % amount: |
| ☐ | ☐ | Name: | Phone Number: |
|  | Relationship: | * Spouse
* Parent
 | * Child
* Other
 | % amount: |
| ☐ | ☐ | Name: | Phone Number: |
|  | Relationship: | * Spouse
* Parent
 | * Child
* Other
 | % amount: |
| ☐ | ☐ | Name: | Phone Number: |
|  | Relationship: | * Spouse
* Parent
 | * Child
* Other
 | % amount: |
| ☐ | ☐ | Name: | Phone Number: |
|  | Relationship: | * Spouse
* Parent
 | * Child
* Other
 | % amount: |

\* Percent amounts need to total 100% \*

\*Employee Signature: Date: