



BENEFICIARY DESIGNATION FORM

Life Insurance Company of North America or Cigna Life Insurance Company of New York

Employer Name Devereux Advanced Behavioral Health

Employee Name _____ Employee Social Security # _____

Current Address _____ City _____ State _____ Zip _____

Home Phone _____ (Enter all dates in mm/dd/yyyy format)

BENEFICIARY DESIGNATION

To *specify a beneficiary*, complete the section below. You will be the beneficiary for your spouse and children unless you specify otherwise. If there is not enough room to specify all beneficiaries, attach, sign and date a separate page using the format below.

Plan Type	Basic Term Life				Policy # FLX980446	
Insured	Beneficiary Name	Relationship	Social Security #	Date of Birth	Percentage*	
Employee	1.					
	2.					
Spouse						
Children						
Children						

*Percentage must equal 100% for each insured

Plan Type	Voluntary Term Life				Policy # FLX980447	
Insured	Beneficiary Name	Relationship	Social Security #	Date of Birth	Percentage*	
Employee	1.					
	2.					
Spouse						
Children						
Children						

*Percentage must equal 100% for each insured

Plan Type	Accidental Death & Dismemberment (AD&D)				Policy # OK980463	
Insured	Beneficiary Name	Relationship	Social Security #	Date of Birth	Percentage*	
Employee	1.					
	2.					
Spouse						
Children						
Children						

*Percentage must equal 100% for each insured

Plan Type	Accidental Injury (AI)				Policy # AI960881	
Insured	Beneficiary Name	Relationship	Social Security #	Date of Birth	Percentage*	
Employee	1.					
	2.					
Spouse						
Children						
Children						

*Percentage must equal 100% for each insured

Note: This form is not complete without your signature. Please sign the form where indicated.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date _____

Employee Signature _____ Date _____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, Social Security Number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following format: "To <name of trustee>, trustee of the <name of trust>, under a trust agreement dated <date of trust>." If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.