

SANDIA PROPRIETARY INFORMATION

SNL Primary Group Term Life Insurance Plan Initial Enrollment Form

Return to the Sandia Benefits Department, MS-1015

Name (Last, First, Middle Initial)		Mail-Stop	Organization	Sign-In Date
Employee #	New hire or Re-hire Reinstatement	Birth Date	FOR BENEFITS USE ONLY Coverage Date:	

A primary beneficiary is the person to whom the death benefits will be paid first. You may wish to name contingent beneficiaries who will share equally if there is no primary beneficiary or if the primary beneficiary is deceased. If the beneficiary or beneficiaries you have selected die before you do or is you have not completed a beneficiary change form, your insurance will be paid to the first eligible recipients(s) in the following order: surviving spouse, children, parents, estate.

Beneficiary Designations

(Provide address of beneficiary if beneficiary is not a family member)

Primary Group Term Life	Relationship	%*
Primary Beneficiary		
Contingent Beneficiary		

* Must total 100 percent for Primary Beneficiary and 100 percent for Contingent Beneficiary.

Note: The insurance Company will not pay a benefit directly to a minor.

Employee Signature _____

Date _____

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