Life insurance/beneficiary change form

Complete entire form to make changes.

Employer

Employer to send completed form to AWC at benefitinfo@awcnet.org or fax to 360.753.0149 or mail to 1076 Franklin Street SE, Olympia, WA 98501-1346

Employer name | Monthly base earnings | Date of hire | Effective date

Employee

Please print legibly in blue or black ink.

SSN | Employee Name (last, first, initial) | Date of birth | Gender

Home/mailing address | Phone (with area code)

City | State | Zip | Email address

Occupation _____ Annual salary _____ Class/bargaining unit _____

Beneficiaries

For life insurance policies as underwritten by Standard Life Insurance only. Please note that in community property states, including Washington, the spouse has legal right to 50% of the benefits, in the event of the employee's death.

Name of primary beneficiary (last, first, initial)

SSN

Address

City | State | Zip

Relationship to insured | Percent of proceeds

Name of contingent beneficiary #2 (last, first, initial)

SSN

Address

City | State | Zip

Relationship to insured | Percent of proceeds

Name of contingent beneficiary #1 (last, first, initial)

SSN

Address

City | State | Zip

Relationship to insured | Percent of proceeds

Name of contingent beneficiary #3 (last, first, initial)

SSN

Address

City | State | Zip

Relationship to insured | Percent of proceeds

Your signature is required

I hereby verify that all of the information specified on this form is accurate and complete. By signing below, I have authorized the release of information for myself and my dependents to Standard Life Insurance.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Standard Consumer Privacy Notices by contacting the carrier directly.*

Signature _____

Date _____

TheStandard®

1100 SW 6th Ave
Portland, OR 97204

Standard Insurance Company

☐ Basic Life $ _____

☐ Accidental Death & Dismemberment

☐ Dependent Life
- ☐ Plan option 1
- ☐ Plan option 2
- ☐ Plan option 3
- ☐ Plan option 4

☐ Employee Additional Life $ _____
Note: EOI form required if over $80,000.

☐ Spouse Additional Life $ _____
Note: Cannot exceed 50% of employee additional life. EOI required, if over $20,000.