

Standard Insurance Company

CTA Benefits and Services
 PO Box 4744 Portland OR 97208
 Tel & TTY 800.522.0406 Fax 888.414.0393

**Beneficiary Designation/Change
 for CEIP-Endorsed Plans**

PARTICIPANT ID	POLICY NO.	SCHOOL DISTRICT <i>Please do not abbreviate.</i>			
FIRST NAME	MIDDLE INITIAL	LAST NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH	

Unless otherwise specified on a separate sheet of paper, this designation applies to coverage available through your CEIP-endorsed plans, if any, including Disability Insurance Survivors Benefit, Accidental Death and Dismemberment (AD&D) Insurance associated with Disability Insurance, Life Insurance, and Accidental Death and Dismemberment (AD&D) Insurance associated with your Life Insurance. Designations are not valid unless signed, dated and delivered to The Standard at the address above during your lifetime. *See page 2 for further information.*

Primary Beneficiary Information * Required fields.

FULL NAME*	DATE OF BIRTH*	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP*	% OF BENEFIT*

TOTAL 100%

Contingent Beneficiary Information * Required fields.

FULL NAME*	DATE OF BIRTH*	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP*	% OF BENEFIT*

TOTAL 100%

Signature Required

Signature _____ Date _____