

Beneficiary Designation

Office use only

Approved by: _____

Approved date: _____

Effective date: _____

See the Summary Plan Description for more information: <https://www.oregon.gov/OHA/PEBB/pages/index.aspx>

Contact information

PEBB benefit number (P#####), OR#, University ID or Lottery ID

Last name	First name	Middle	Gender
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

Contact address	Apartment #	City	State	ZIP
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Residence ZIP code	Work ZIP code	Work email	Personal email (optional)
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Date of birth (mm/dd/yyyy)	Work phone	Home phone (optional)
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Beneficiary designation

(Primary beneficiaries are first in line for distribution, contingent beneficiaries are next.)

I elect: The [Standard Order of Survivorship](#) as established by Oregon law (no beneficiaries listed)
 To designate the following beneficiary(s) (attach separate sheet if necessary)

Name	Address/City/State/ZIP	Relationship	Primary/Contingent	Percentage (whole number)
			<input type="checkbox"/> / <input type="checkbox"/>	%
			<input type="checkbox"/> / <input type="checkbox"/>	%
			<input type="checkbox"/> / <input type="checkbox"/>	%
			<input type="checkbox"/> / <input type="checkbox"/>	%

Employee signature and authorization

I hereby revoke any and all previous beneficiary designations for my PEBB benefits. Failure to sign and date this form makes it null and void.

Employee signature

Date

Submit completed form to your agency/university benefits office.

Don't forget to save before you send!

Keep a copy of all benefit documents for your records.

You can update your beneficiaries at any time by going to

www.pebbenroll.com.