

# 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
Residence ZIP code	Work ZIP code	Work email	Personal email (optional)	
Date of birth (mm/dd/yyyy)	Work phone		Home phone (optional)	

Beneficiary designation				
(Primary beneficiaries are first in line for distribution, contingent beneficiaries are next.)				
<b>I elect:</b> <input type="checkbox"/> The <a href="#">Standard Order of Survivorship</a> as established by Oregon law (no beneficiaries listed) <input type="checkbox"/> 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	
<input type="checkbox"/> 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.**  
**Keep a copy of all benefit documents for your records.**  
**You can update your beneficiaries at any time by going to [www.pebbenroll.com](http://www.pebbenroll.com).**