

# 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.)

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.**  
**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).**