



Sequoia Union High School District
Human Resources

**Life Insurance Beneficiary
Enrollment/Change Form**
Certificated & Classified Employees

Check one in each row:

☐

Certificated

☐

Classified

☐

New Hire (Initial Enrollment)

☐

Updated Information

EMPLOYEE INFORMATION	
Full Name:	Last 4 Digits of SSN:
Hire Date:	Birth Date:
Phone #:	Alternate Phone #:
Address:	

Basic Life and AD&D Insurance: Provided at no cost (after completion of probation, eligible employee must work 20 hours or more per week).

Long Term Disability (LTD) Insurance: Provided at no cost (after one month of continuous employment of 25 hours or more per week).

Beneficiary Designation: When naming more than one beneficiary, list the percentage of the benefit that should go to each to equal 100%.

PRIMARY BENEFICIARY			
Full Name	Relationship	Phone #	% (must equal 100%)
1)			%
2)			%
3)			%
4)			%

CONTINGENT BENEFICIARY			
Full Name	Relationship	Phone #	% (must equal 100%)
1)			%
2)			%
3)			%
4)			%

I hereby appoint the above named as beneficiaries on my SUHSD Life Insurance.

Employee Signature

Date