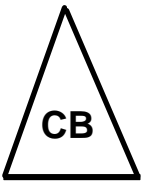


**State of West Virginia
Public Employees Insurance Agency
Basic and/or Optional Life Insurance Change of Beneficiary Form**



Complete this form to update or change the distribution of your life insurance benefits.
Complete the Policyholder section of the form and return the completed form to PEIA.

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Name (Last)	(First)	(MI)	(Generation Jr., Sr., etc.)	Social Security Number
Sex (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)		Work Phone ()
Street Address City			State Zip	Home Phone ()

- Please choose one of the following
- Please change the beneficiary(s) of my Basic Life Insurance. Complete Section A below.
 - Please change the beneficiary(s) of my Optional Life Insurance. Complete Section B below.
 - Please change the beneficiary(s) of both my Basic and Optional Life Insurance. Complete Section A and Section B below.

If more than one beneficiary is named, you may divide the death benefit by noting what percentage is to be paid to each beneficiary in the "Distribution %" box. If no percentage is noted the death benefit will be paid in equal shares to the named beneficiaries who survive the employee. If unequal percentages are assigned to the beneficiaries, the share of any beneficiary who predeceases the employee will be distributed equally among all surviving named beneficiaries. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

SECTION A -- BASIC LIFE INSURANCE CHANGE OF BENEFICIARY

Please designate the beneficiary(s) of your basic life insurance coverage below. The name of the beneficiary should be fully spelled out, and written "Jane B. Doe," not Mrs. John Doe" or "Mrs. J. A. Doe".

Beneficiary Name (Last, First, MI, Generation)	Beneficiary Address (Street, City, State, Zip)	Telephone #	Relationship to the Insured	Distribution %

SECTION B - OPTIONAL LIFE INSURANCE CHANGE OF BENEFICIARY

Please designate the beneficiary(s) of your optional life insurance coverage below. The name of the beneficiary should be fully spelled out, and written "Jane B. Doe," not Mrs. John Doe" or "Mrs. J. A. Doe".

Beneficiary Name (Last, First, MI, Generation)	Beneficiary Address (Street, City, State, Zip)	Telephone #	Relationship to the Insured	Distribution %

I wish to make the changes marked above. I understand that I may, at a future date, choose to change the above beneficiary(s) in accordance with policy provisions.

Policyholder's Signature _____ Date: _____

Witness' Signature _____ Date: _____
(Must be a person other than a beneficiary.)

Distribution: Mail original to:
PEIA
601 57th Street, SE, Suite 2
Charleston, WV 25304-2345

Please keep a copy for your records.