

**Designation of Beneficiary Form  
Life and Accidental Death & Dismemberment  
Hillsborough Community College**

Please Print

**EMPLOYEE INFORMATION**

<i>Name (Last, First, Middle)</i>	<i>Social Security Number</i>
<i>Mailing Address</i>	<i>City, State, Zip</i>
<i>Date of Birth (mm/dd/yyyy)</i>	<i>Campus</i>

**Primary Beneficiary(ies) Information**  
You must name a primary beneficiary in this section  
*\*Total must equal 100% and must be in whole percentage points.*

<i>Name</i>	<i>Date of Birth</i>	<i>Relationship to you</i>	<i>Percentage (%)</i>
<i>Address</i>			
<i>Name</i>	<i>Date of Birth</i>	<i>Relationship to you</i>	<i>Percentage (%)</i>
<i>Address</i>			
<i>Name</i>	<i>Date of Birth</i>	<i>Relationship to you</i>	<i>Percentage (%)</i>
<i>Address</i>			

**Contingency Beneficiary(ies) Information**  
If primary beneficiary is not living at my death; payment is to be made to:  
*\*Total must equal 100% and must be in whole percentage points.*

<i>Name</i>	<i>Date of Birth</i>	<i>Relationship to you</i>	<i>Percentage (%)</i>
<i>Address</i>			
<i>Name</i>	<i>Date of Birth</i>	<i>Relationship to you</i>	<i>Percentage (%)</i>
<i>Address</i>			
<i>Name</i>	<i>Date of Birth</i>	<i>Relationship to you</i>	<i>Percentage (%)</i>
<i>Address</i>			

I am aware that the beneficiary information included in this form becomes effective when signed, dated, and delivered to HCC and will remain in effect until I deliver to HCC another completed and signed Beneficiary Designation Form with a later date.

<b>Signature of Authorization</b>	<b>Date</b>