Beneficiary Designation Form For Cigna Companies Retirees

provisions of the policy.

Return completed form to:

NYL GBS Customer Service Center Administered by Infosys McCamish Systems, LLC



Connecticut General Life Insura Life Insurance Company of Nort						
F	RETIREE'S PERSONAL INFOR	RMATION (pleas	e print clearly)			
Retiree's Last Name	Retiree's First Name	Middle initial	Social Security Number	Residen	ce Telephone Number	
Mailing Address		City		State	Zip code	
	ATION TO REVIEW BEFORE		OUR BENEFICIA	RY DE	SIGNATION	
	covered under any of the following life insurance p	rograms:				
Basic Life Insurance Guiser Life Insurance	Plan IV Supplemental I	ifo Incurance				
Equicor Life Insurance Equicor Survivor Income	Supplemental LTransitional Life					
through Friday for confirmation of your con	e covered under, please contact the Cigna Emp overage. n that applies to all of your retiree life insurance below in the <i>My Beneficiary Designation</i> section l	coverages or you may cho		•	,	
please contact the New York Life Group B	oly to any Group Universal Life (GUL) or converte enefit Solutions (NYL GBS) Customer Service Cen rance beneficiaries, please contact Amwins at 1.	ter at 1.800.828.3485 from	9 a.m. to 6 p.m., Eastern Tim	e, Monday t	hrough Friday. If you wish	
beneficiaries only when there are no sur	es - Unless you designate a percentage, proceed viving primary beneficiaries. If you designate concludes a bear with the share of a bear with a bear with the share of a bear with a bear	ontingent beneficiaries and	do not designate percentag	es, proceeds	are paid to the surviving	
	GUIDELINES FOR DESIGN	IATION OF BEN	EFICIARIES			
General - Please be sure to include the ben easier to locate and verify beneficiaries.	eficiary's full name, social security number and r	elationship to you. Providing	g this information can help ex	cpedite the c	claim process by making it	
the beneficiary is a minor child, the insuran	is beneficiaries, please note that claim payments ce proceeds will not be released to the minor chi orney in drafting your beneficiary designation.					
Trust as Beneficiary - You may designate	a trust as beneficiary, using the following form:	"To [name of trustee], trus	tee of the [name of trust], ur	nder a trust a	agreement dated (date of	

may not be admitted to probate because it is lost, contested, or superseded by a later will. Claim payment delays can result if the beneficiary designation does not provide for this situation. **Domestic Partner** -If you wish to designate your domestic partner as your beneficiary, you must complete a beneficiary form. Otherwise, your death benefit will be paid according to the

trust]. "If you wish to designate a testamentary trust as beneficiary (i.e. one created by will), you should recognize the possibility that your will, which was intended to create this trust,

Life Status Changes - We recommend that you review your beneficiary designation(s) when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

	MY BENEFIC	IARY DESIGNATION		
This is the designation I want to apply to ALL of m form to the NYL GBS Customer Service Center.	y retiree life coverages (excl	luding GUL and converted Whole Life).	Please be sure to sign and date page	2 before returning this
Primary Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Percentage Total Must = 100%
Contingent Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Percentage Total Must = 100%

I want to designate separate beneficiary for each of my retiree life insurance coverages (excluding GUL and converted Whole Life). If you choose this option, use the section provided on page 2 of this form. Please be sure to indicate the name of the life insurance program for which you are designating beneficiaries, in the gray-shaded box above each designation section.

Please be sure to sign and date page 2 before returning this form to the NYL GBS Customer Service Center.

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Life Insurance Program Name:				
Primary Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Percentage Total Must = 100%
Contingent Peneficiany(icc)			<u> </u>	Percentage
Contingent Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Total Must = 100%
Life Insurance Program Name:				
Primary Beneficiary(ies)	Date of Birth	Polationship to Potizoo	Cocial Cocurity Number	Percentage
	Date of Birth	Relationship to Retiree	Social Security Number	Total Must = 100%
Contingent Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Percentage
		nelutionship to netiree	Jocial Security Number	Total Must = 100%
Life Insurance Program Name:				
Primary Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Percentage
				Total Must = 100%
Contingent Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Percentage Total Must = 100%
				10tu/must = 10070
Life Insurance Program Name:			1	
Primary Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Percentage Total Must = 100%
				Donostono
Contingent Beneficiary(ies)	Date of Birth	Relationship to Retiree	Social Security Number	Percentage Total Must = 100%
				<u> </u>
				.6
Community Property Laws - If y Louisiana, Nevada, New Mexico, 7				
beneficiary, payments of benefits r				
provided below.	, be delayed of di	spacea arriess your spouse	e provides their signatur	e in the space
•				
Spouse Signature				_/
Owner Signature				_/

Page 2

Retiree's First Name

Middle initial

Social Security Number

Retiree's Last Name