



2475 Broadway • Helena, Montana 59601

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee #: \_\_\_\_\_

Your beneficiaries can be different for life and AD&D plans, and you may name more than one beneficiary for each plan. If you have two or more beneficiaries, the plan benefit will be shared equally among them. Or, you may designate the percentage of benefit payable to each person.

**Life Insurance**

Beneficiary Name \_\_\_\_\_

Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Accidental Death & Dismemberment**

Beneficiary Name \_\_\_\_\_

Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

**Percentages designated payable to more than one beneficiary must total 100%**