

RETIRED _____

ACTIVE _____



Mission Statement: We are committed to the success of every student!

ALACHUA COUNTY PUBLIC SCHOOLS EMPLOYEE BENEFICIARY CHANGE FORM FOR TERM LIFE INSURANCE

Primary:

(*All named beneficiaries must be 18 years of age or older)

Name	Date of Birth	Relationship	Telephone Number	Percentage

Contingent:

(In the event your primary beneficiary/ies preceeds you in death. *All named beneficiaries must be 18 years of age or older.)

Name	Date of Birth	Relationship	Telephone Number	Percentage

Employee Print Name

Employee Signature

Date:

Last four of SS# or EMP#