



Beneficiary Election Form

Last Name	First Name	MI	Social Security Number	Date of Birth	Employee ID
Home Address	City	State	Zip	Home Phone	Work Phone

Assign Beneficiaries for the following plans below (print clearly):

Basic Life Insurance Beneficiary		%	Relationship	Date of Birth	Gender	Phone Number
	Primary					
	Primary					
	Contingent					
	Contingent					
Supplemental Life Insurance Beneficiary		%	Relationship	Date of Birth	Gender	Phone Number
	Primary					
	Primary					
	Contingent					
	Contingent					
Pension Beneficiary		%	Relationship	Date of Birth	Gender	Phone Number
	Primary					
	Primary					
	Contingent					
	Contingent					

AUTHORIZATION: I understand that completing this form replaces any and all previous designation of beneficiary(ies) under the plans listed above and I am now designating the beneficiary(ies) named above as of the date on this form.

If I do not designate a beneficiary, or if none of my beneficiaries survive me, any remaining payments will be made to these persons in the following order: (1) my spouse, (2) my children and their descendants, (3) my parents, (4) siblings, (5) my estate.

In order to change your beneficiary(ies) for your Voya 457(b) and/or 403(b) plans contact VOYA at 1-800-584-6001 or log in to <https://uhs.beready2retire.com>.

Submit this completed form to Human Resources by e-mail at uhs.benefits@uhs-sa.com or by fax to 210-358-4765.

Employee Signature:	Date:			
OFFICE USE ONLY: Status	DOH:	Effective Date:	Initials:	Date Keyed: