



PLEASE RETURN COMPLETED
BENEFICIARY FORMS TO HUMAN RESOURCES

BENEFICIARY DESIGNATION

Policyholder: IASIS Healthcare, LLC	Reliance Standard Policy Number(s): GL668964, VAR672937			
Insured Name:	Insured Social Security Number:	Insured Date of Birth:		
Insured Street Address:	Apt. #	City	State	Zip Code

I hereby designate the following as my beneficiary(ies) under the above policy number(s):

Primary Beneficiary(ies)

Full Name and Address:	Date of Birth:	Social Security Number:	Relationship:	Percentage* (Must total 100%)

Beneficiary for Spouse and Child coverage is automatically the employee

*If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) – applicable only if you are not survived by one or more primary beneficiaries

Full Name and Address:	Date of Birth:	Social Security Number:	Relationship:	Percentage* (Must total 100%)

* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary’s share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date:	Signature of Insured:
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This completed form must be retained by the policyholder (or Plan Administrator, if different). In the event of the death of the Insured, the original must be submitted to Reliance Standard Life Insurance Company along with the required Proofs of Loss (see claim form).