



DESIGNATION OR CHANGE OF BENEFICIARY:

GHRA FELONIOUS ASSAULT PROGRAM

Summary of Benefits 2017-2021

Owners/Employees may designate a beneficiary. Once completed forward to Breedon Benefit Group office for processing. PLEASE NOTE--If the Owners/Employees agree to the language listed in #3 and #4 below NO beneficiary form is necessary. For example, most individuals choose their spouse so NO beneficiary form is required. At time of incident, Breedon Benefit Group office would be responsible for gathering all necessary information.

DESIGNATION OR CHANGE OF BENEFICIARY:

Each Insured may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order of preference:

1. Beneficiaries designated in writing by the Insured for this Policy on file with the Policyholder, if any, otherwise;
2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise;
3. In equal shares to the members of the first surviving class of those that follow, if any:
 - (a) an Insured's lawful spouse, if not legally separated or divorced;
 - (b) an Insured's natural child, adopted child, foster child, stepchild, or other child for whom the Insured has or had legal guardianship (proof will be required); or
 - (c) an Insured's parents, whether natural, step or adoptive; otherwise
4. The estate of the Insured.



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Accident Insurance Beneficiary Designation Form

Policyholder Name: Greater Houston Retailers Cooperative Association, Inc.
Policy Number: 0019097-25

Employee Information

_____	_____ / _____	_____
Last Name	First Name	Middle Initial
_____	_____	
Social Security Number	Date of Birth	

EMPLOYEE BENEFICIARY – Please give full name and relationship to Employee

_____	_____ / _____	_____
Beneficiary Name	Social Security No.	Relationship to Employee
_____	_____ / _____	_____
Beneficiary Name	Social Security No.	Relationship to Employee
_____	_____ / _____	_____
Beneficiary Name	Social Security No.	Relationship to Employee

This Beneficiary Form supersedes any previous Beneficiary Forms that may have been submitted.

Signature _____

Date _____

Effective Date _____