

BENEFICIARY DESIGNATION FORM

Return to Blue Cross and Blue Shield of Texas at:
Attention: Claims Department
P.O. Box 7070
Downers Grove, IL 60515

INSTRUCTIONS (PLEASE PRIN	IT. SIGN A	ND DATE THIS	S FORM IN BLAC	K INK)		Dov	wners Grove, IL	60515
Employee/Retired Employee Na					te of Birth	Home Telephone Number		
Home Address			City		State		Zip	
Employer		Group Number						
Irrevocable Beneficiary: Ye	s □ No							
Note: If you select irrevocable be		ou may not ch	ange the beneficia	ary witho	ut the con	sent of the	e irrevocable	Э
beneficiary. An irrevocable benef								
cannot exercise certain rights with	hout the pe	rmission of the	irrevocable bene	ficiary.				
DEFINITIONS & STATEMENTS								
Primary Beneficiary means the pe								eds
will be divided in equal shares if mu			s are named, unless	s otherwi	se indicate	d. If perce	entages are	
listed, the total of the combination r			uill roopiya tha hans	fita if tha	n winn ow . b.	on oficion /	ia nat livina a	+ +b a
Contingent Beneficiary means the time of the Insured's death.	e person or	persons who w	viii receive the bene	ents ii the	primary be	eneliciary	is not living a	u me
Will or Trust as Beneficiary Design	anation car	n he done hy us	sing the following w	ritton eta	tement: "Ta	n Iname of	f trustaal	
trustee of the [name of trust], unde								as
beneficiary (i.e. created by will), yo								
not be admitted to probate (because								
beneficiary designation does not pr				•		-		
Minors as Beneficiary Designation							ficiary is a m	inor
at the time of claim, payments may								
Dependent Beneficiary – In the e								
**You may want to obtain the assis	tance of an	attorney to help	p consider any spe	cial circu	mstances l	pefore dra	fting your	
beneficiary designation.								
BENEFICIARY DESIGNATION F						3		•
Primary Beneficiary	Birth Date	Relationship	Social Security #	Addres	SS			%
Contingent Beneficiary I	Birth Date	Relationship	Social Security #	Addres	ss			%
		- resultation of the	Social Cocality #	710.0				/-
WARNING: Any person who, know for insurance or statement of claim of	ingly and w	ith intent to def	raud any insurance	compan	y or other	person, file	es an applica	tion
information concerning any fact mat								
to criminal and civil penalties. (Not e		in Orogon or V	irainia \			anu subj	ecis sucii pei	15011
Employee/Retired Employee Signature		in Grogon or v			[Date		
Important Note For Married Emp						hould obt	ain the signat	tura 1
your spouse if your spouse will not l								iuic (
include: AZ, CA, GU, ID, LA, NM, N								ouse
consents to waive his or her rights t								
Consent for Community Property St								ОТ ВЕ
LIABLE FOR DAMAGES DUE TO A	_							
SPOUSE'S SIGNATURE.								
Spousal Consent for Community P	roperty Sta	tes/Territories:	I hereby consent	to the Pi	rimary Ber	neficiary d	esignated by	y my
spouse. This consent supersedes			•		-	•	•	. ,
		•			•	anlovac b-	o no logal ac-	21122
Spouse Signature			Date		u En	іріоуее па	s no legal spo	Juse
ourance products issued by Dearborn Life Incu	ranca Campani	, 701 E 22nd St Su	ita 200 Lambard II 6014	O Diuo Cro	on and Plue Ch	iold of Toyon	ia tha trada name	o of