

HCC LIFE INSURANCE COMPANY

225 TownPark Drive, Suite 145, Kennesaw, Georgia 30144-5509

Phone: 1-800-447-0460 Fax: 770-973-9854



CHANGE OF BENEFICIARY OR NAME

Employer Name and Address	
Employee Name	Social Security No.

CHANGE BENEFICIARY DESIGNATION TO:

Full Name of Primary Beneficiary(ies)	Date of Birth	Relationship	Social Security No	Benefit Percentage
Full Name of Secondary Beneficiary(ies)	Date of Birth	Relationship	Social Security No	Benefit Percentage

If you specify benefit percentages, the total must equal 100%. Unless otherwise provided above if two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. The beneficiary designation with the most recent date, in good form and properly signed, constitutes the only effective designation. This benefit is subject to revision or revocation at any time by HCC Life Insurance Company.

CHANGE NAME OF EMPLOYEE

From (As presently on record)	To	
Reason For Change:		
<input type="checkbox"/> Marriage Date:	<input type="checkbox"/> Divorce Date:	<input type="checkbox"/> Other Date:

I hereby authorize the above change(s)	
Employee's Signature	Date
ACKNOWLEDGEMENT: The authorized change(s) shown above is hereby acknowledged	
Employer's Signature	Date