



# Political Subdivision Basic/Select Life and AD&D

FOR OFFICE USE ONLY

## Enrollment / Change of Beneficiary Designation

Toll-Free: (800) 821-2251  
alaska.gov/drb

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

Juneau: (907) 465-4460  
TDD: (907) 465-2805  
Fax: (907) 465-3086

### SECTION I. MEMBER INFORMATION

THIS FORM IS SUBMITTED FOR (check all that apply):

- BASIC LIFE BENEFICIARY DESIGNATION/CHANGE (CHECK BOTH BASIC AND SELECT LIFE IF SAME BENEFICIARY)
- SELECT LIFE BENEFICIARY CHANGE       CANCELLATION OF SELECT LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)
- SELECT LIFE ENROLLMENT (CHECK ONE)
  - Within 30 days of hire       During the annual open enrollment
  - Within 30 days of a change in marital or family status due to such events as marriage, divorce, death, birth or adoption of a child.

Type of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

DATE OF HIRE	EMPLOYER				
EMPLOYEE NAME			RIN OR LAST FOUR OF SSN		
DATE OF BIRTH	TELEPHONE NUMBER	MARITAL STATUS			
		<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
<p>I wish to purchase Select Life and AD&amp;D Insurance in an amount equal to my annual salary (\$60,000 maximum). <b>I understand this is in addition to the Basic Life and AD&amp;D Insurance coverage provided by my employer.</b> I authorize the appropriate payroll deduction from my earnings each month for the cost of this coverage. I reserve the right to discontinue this coverage by submitting a written notice to my employer at any time.</p> <p>_____ initial</p>					
<p>I wish to cancel my Select Life and AD&amp;D Insurance Coverage.</p> <p>_____ initial</p>					

### SECTION II. PRIMARY BENEFICIARY DESIGNATION

	FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION	ADDRESS, CITY, STATE, ZIP+4	RELATIONSHIP TO MEMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER (OR TIN)	% OF BENEFIT
1.						
2.						
3.						
4.						

### SECTION III. SECONDARY BENEFICIARY DESIGNATION (will only receive benefits if all primary beneficiaries are deceased.)

	FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION	ADDRESS, CITY, STATE, ZIP+4	RELATIONSHIP TO MEMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER (OR TIN)	% OF BENEFIT
1.						
2.						
3.						
4.						

On this form, I have made my beneficiary designations for Basic/Select Life and Accidental Death & Dismemberment Insurance. I have read the instructions and understand that this form supersedes and revokes all prior designations and will become effective only when it is received by my employer.

SIGNATURE	DATE
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# Beneficiary Designation Instructions and Information

## Basic Life and AD&D Insurance

Basic Life, Basic Dependent Life, and Accidental Death & Dismemberment (AD&D) coverage is provided free of charge to permanent and long-term nonpermanent full-time and part-time employees of the participating political subdivisions. The benefit pays \$2,000 to your beneficiaries in the event of your death. Benefits are also available if you are dismembered by accidental causes or if your spouse or child dies.

## Select Life and AD&D Insurance

You may choose to enroll in Select Life. The amount of Select Life available to you is equal to your annual income rounded to the next highest \$1,000. The maximum available is \$60,000. Premiums are employee-paid and are post tax. The plan pays double the face value if your death is accidental. This plan does not cover your dependents.

You may enroll in Select Life Insurance within 30 consecutive calendar days from the date you were hired as a permanent or long-term nonpermanent employee. If you do not enroll within that time, you may enroll during the annual open enrollment period or within 30 days of a qualified status change.

For more detailed information, please refer to the Division website at [Alaska.gov/drb](http://Alaska.gov/drb).

## Whom Can You Name as Beneficiary?

You can choose:

- A living person.
- An institution.
- Your estate.
- A trust.
- Any combination of these options.

## Primary Versus Secondary Beneficiaries

- Primary beneficiaries are “first in line” to receive benefits in the event of your death. All primary beneficiaries share equally, unless otherwise noted on the form.
- Secondary beneficiaries only receive benefits in the event all primary beneficiaries die before or simultaneously with the member. All secondary beneficiaries share equally, unless otherwise noted on the form.

## Information to Provide

Each time you complete a new form, it is important you provide the full legal name, address, relationship, date of birth and Social Security number of each individual person (or taxpayer identification number (TIN) of each institution) you designate. If you need to name more beneficiaries than space allows on this form, use an additional beneficiary designation page.

## Designating an Institution as Beneficiary

To name an institution (charity, church, etc.), please provide all of the information requested in Parts 2 and/or 3.

## Designating a Trust as Beneficiary

To designate a trust as beneficiary, you should provide the name of the trust and the date the trust was created in the space provided for naming a beneficiary. Please also provide a copy of the Trust Document with your beneficiary designation.

## Designating a Minor as Beneficiary

A minor can be named as your beneficiary. When no guardian has been named, and the amount the minor will receive is more than \$5,000, payment is guided by the Alaska Uniform Transfers to Minors Act. The Alaska Uniform Transfers to Minors Act, Alaska Statute 13.46.010-999, permits transfers of property and money to a person court-appointed as a guardian for a minor. The custodian must obtain a guardianship prior to payment of the funds. This is true even if the custodian is the parent or legal guardian of the minor.

## NOTICE

### BENEFICIARY REVOCATION BY DISSOLUTION, DIVORCE, OR ANNULMENT:

AS 13.12.804 provides that a dissolution, divorce, or annulment, as it relates to beneficiary designations:

- Revokes any revocable “disposition or appointment of property,” made to a former spouse.
- Revokes the beneficiary designation of a former spouse’s family member(s).

**Each time you complete a beneficiary form, it cancels all prior beneficiary designations for these death benefits.** Your designations do not become effective until this form is signed and received by your employer.

For more information, please contact the Member Services Contact Center toll-free at (800) 821-2251 or in Juneau at (907) 465-4460 from 8:30 a.m. to 4 p.m. Monday-Thursday and 8:30 a.m. to 3 p.m. Friday Alaska Time. You may also contact customer service representatives by email at [doa.drb.mscc@alaska.gov](mailto:doa.drb.mscc@alaska.gov).

When you have completed and signed this form, please return the original form to your employer.

***Please refer to [Alaska.gov/drb](http://Alaska.gov/drb) for premium rates.***

***If you are completing this form because you recently divorced, please send a complete court-certified copy of your divorce or dissolution documents to the Division.***