

MEMBER INFORMATION

Member Name (Full Name)	Social Security Number
-------------------------	------------------------

LIFE & LTD INSURANCE - Check ALL POLICIES or INDIVIDUAL POLICIES for which the beneficiary designation(s) listed below apply.

<input type="checkbox"/> ALL POLICIES: My beneficiary designation(s) listed below apply to ALL Life and/or Disability insurance policies for which I am enrolled through LAPRA and/or RB&I.	<input type="checkbox"/> INDIVIDUAL POLICIES: My beneficiary designation(s) listed below apply to the following policies: <ul style="list-style-type: none"> <input type="checkbox"/> LAPRA Life Insurance Policy <input type="checkbox"/> RB&I Life Insurance Policy <input type="checkbox"/> Basic Life and AD&D Insurance through UnitedHealthcare #302292 <input type="checkbox"/> Optional Life and AD&D Insurance through UnitedHealthcare #302292 <input type="checkbox"/> Optional Off-Duty LTD Insurance through UnitedHealthcare #302292
---	--

PRIMARY BENEFICIARIES - In the event of my death, I hereby name the following primary beneficiaries to receive any death benefits payable for the policies indicated above.

PRIMARY BENEFICIARIES

Name	Address	SSN	Relationship	Percent of Benefit Payable
Percent of Benefit Payable for All Primary Beneficiaries Must Total:				100%

If any of the primary beneficiaries above predecease me, then the remaining primary beneficiaries shall receive in equal shares any death benefits payable for the policies indicated above unless I otherwise direct as follows:

ALTERNATE BENEFICIARIES - In the event of my death and the death of all of primary beneficiaries, I hereby name the following alternate beneficiaries to receive any death benefits payable for the policies indicated above.

ALTERNATE BENEFICIARIES

Name	Address	SSN	Relationship	Percent of Benefit Payable
Percent of Benefit Payable for All Alternate Beneficiaries Must Total:				100%

If any of the alternate beneficiaries above predecease me, then the remaining alternate beneficiaries shall receive any death benefits payable for the policies indicated above unless I otherwise direct as follows:

In the event I designate more than one primary beneficiary or more than one alternate beneficiary but do not indicate the percent of benefit payable to each beneficiary, then all primary beneficiaries or all alternate beneficiaries will share equally in the death benefits payable for the LAPRA and/or RB&I Life and LTD policies indicated above in which I am enrolled.

I understand the beneficiary designations listed above revoke and supersede any and all of my prior beneficiary designations for the LAPRA and/or RB&I Life and LTD policies indicated above in which I am enrolled.

AUTHORIZATION

Member Signature	Date