

Designation of Beneficiary Form

For Group Insurance Policies



In furnishing this form, The Hartford® does not waive any of its rights or defenses nor admit liability.

Instructions: 1) Please print clearly with blue or black ink and provide complete information. (Missing information causes delays.) 2) Please ensure your beneficiary designation is clear so there is no question of your intent. 3) Please sign and date the form. 4) Submit the form as instructed by your benefits administrator.

EMPLOYER/POLICYHOLDER INFORMATION (Required fields are marked with an asterisk(*)).

*Employer/Policyholder Name	*Policy Number
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EMPLOYEE/MEMBER INFORMATION (Required fields are marked with an asterisk(*)).

*Employee/Member Name (First MI Last)	*SSN or Tax ID #	*Date of Birth
*Address (Street, City, State & Zip)	*Marital Status	*Gender
E-mail Address	Phone Number	Cell/Mobile Number

BENEFICIARY DESIGNATION (Required fields are marked with an asterisk(*)).

This designation is for all group insurance coverage issued by The Hartford for which benefits are payable to a beneficiary or survivor (as indicated by each specific policy) in the event of your death, unless otherwise requested by you in writing. This designation may be changed upon written request.

All information requested is required, per beneficiary. If more than one beneficiary is named, the beneficiaries shall share benefits equally unless percentages are stated below. **The percentages must total 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries.** If you need to designate more beneficiaries than space will allow, please include the additional information on a separate paper and attach it to/submit it with this form, clearly stating your name. Please consult your benefits administrator or legal advisor for assistance or additional information.

Important Note: Certain states are community property states. If you live in one of these states – AK, AR, CA, ID, LA, NV, NM, TX, WA or WI – and designate someone other than your spouse as your beneficiary, state law may require that your spouse/partner consent to the designation. Puerto Rico and certain tribal jurisdictions may also require spousal consent. Spousal consent may not apply to ERISA plans. Please consult your benefits administrator or legal advisor for additional information.

Primary Beneficiary(ies) (Primary beneficiaries are first in line to receive benefits if living at the time of your death.)

1) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	
2) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	

Contingent Beneficiary(ies) (Contingent beneficiaries will receive benefits if no primary beneficiary is alive at the time of your death.)

1) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	
2) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	

AGREEMENT & SIGNATURE (Required fields are marked with an asterisk(*)).

I understand that this Designation of Beneficiary applies to all group insurance coverage issued by The Hartford for which benefits are payable to a beneficiary or survivor (as indicated by each specific policy) in the event of my death, unless otherwise requested by me in writing. I also understand that this Designation of Beneficiary is subject to change as provided in each applicable group policy.

By signing below, I acknowledge that: 1) I understand and agree to the terms of this form as noted above; and 2) This Designation of Beneficiary is effective as of the date submitted.

*Employee/Member Signature	*Date of Signature
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COMMUNITY PROPERTY CONSENT (To be completed by the Employee/Member's spouse/partner, if applicable).

By signing below, I, _____ (insert your full name), do hereby consent to the foregoing beneficiary designation(s).

Spouse/Partner Signature	Date of Signature
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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). The Hartford also provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans.

GEORGIA FIREFIGHTERS'
**CANCER BENEFIT
PROGRAM**



Beneficiary Designation for the Firefighters' Cancer Benefit Program

Critical Illness Policy –The Designation of Beneficiary Form should be completed and on file with HR/Benefits Department for each firefighter. This allows the beneficiary to collect any remaining balance due to the deceased firefighter in the event the full benefit was not paid out prior to the death. A lump-sum payment for the Critical Illness benefit due will be paid to the beneficiary on file. If there is no beneficiary on file, the remaining balance, if any, will be paid to the estate of the firefighter. Beneficiary Designation Form are located under ACCG-IRMA or GMA-GIRMA at <https://gfcpinsurance.com/forms.php>.

Change of Beneficiary - The beneficiary may be changed at any time by You or Your assignee (if You assigned this insurance). To make a change, a request should be provided to HR/Benefits Department where the records are stored. The change will take effect as of the date the request is signed. The change will not apply to any payments or other action taken by Us before the request was received.

If the firefighter is still out of work 6-months from the date of disability, they may apply for the Long-Term Disability coverage. The Income Benefit Questionnaire can be found at <https://gfcpinsurance.com/forms.php>.

Long-Term Disability Policy – No beneficiary form is necessary. The Long-Term Disability Policy addresses two different scenarios regarding the benefits that might be paid out after the passing of a firefighter:

- 1) **Survivor Income Benefit.** Survivor income is potentially paid out in the event a firefighter is receiving the monthly Long-Term Disability benefit and then passes away. (If the firefighter passes prior to the 6-month waiting period, then there are no Survivor Income Benefits due. If the firefighter passes away at or after the 6-month waiting period and failed to apply for the Long-Term Disability benefit, Survivor Income Benefits may be applied for on behalf of the firefighter.)

The Survivor Income Benefit is calculated as 3 times the lesser of:

- 1) the firefighter's monthly income loss multiplied by the Benefit Percentage in effect on the date of death or
- 2) the Maximum Monthly Benefit (Class 1 - \$5,000 and Class 2 - \$1,500)

Payment is made in one lump sum payment to the Estate.

If a benefit is due, a death certificate would be the satisfactory proof for the Survivor Income Benefit to be paid. The Surviving Spouse, upon providing a marriage certificate,

GEORGIA FIREFIGHTERS'
**CANCER BENEFIT
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would receive the benefit. If no spouse, the Surviving Children, upon providing a birth certificate, would receive the benefit. Satisfactory proof for Survivor Income Benefits must be received within 1 year of the date of death. No other person could receive this benefit if it is payable.

- 2) If there is a benefit owed to the firefighter, the insurance carrier, at their discretion, could pay out the benefit to the Estate or someone who comes forward that is Related to the firefighter as defined by the policy. At the time of death, the amount due may be limited to \$1,000 to a person determined entitled, at the insurance carrier's discretion.

Surviving Spouse means Your spouse who was not legally separated or divorced from You when You died.

"Spouse" will include Your domestic partner provided You:

- 1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners for purposes of The Policy; or
- 2) have registered as domestic partners with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered domestic partners provided You continue to meet the requirements described in the domestic partner affidavit or required by law.

Surviving Children means Your unmarried children, stepchildren, legally adopted children who, on the date You die, are primarily dependent on You for support and maintenance and who are under age 25.

The term Surviving Children will also include any other children related to You by blood or marriage or domestic partnership and who:

- 1) lived with You in a regular parent-child relationship; and
- 2) were eligible to be claimed as dependents on Your federal income tax return for the last tax year prior to Your death.

This is an overview and not a contract or guarantee of coverage. The terms of the actual Policy or Policies control. The Policy(ies) can be found at <https://qfcpinsurance.com/coverage.php>. The Policy(ies) contain(s) valuable information, including when coverage begins and ends, how to make a claim, and how to continue coverage after termination of eligibility.