



**BENEFICIARY CHANGE REQUEST
 FOR BLUE SHIELD OF CALIFORNIA LIFE & HEALTH INSURANCE COMPANY (BLUE SHIELD LIFE)**

IMPORTANT: PLEASE PRINT ALL SECTIONS IN BLACK INK.

GROUP NAME	
POLICY NUMBER	
INSURED'S NAME	SOCIAL SECURITY NUMBER

Blue Shield Life will pay the proceeds to the primary beneficiary. If more than one person is named as primary beneficiary, the proceeds will be distributed equally to those who survive the insured, unless otherwise specified in the % column.

SECTION 1 – PRIMARY LIFE INSURANCE BENEFICIARIES

LAST NAME	FIRST NAME	M.I.	%	RELATIONSHIP TO EMPL/MEM.	BIRTH DATE
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP

Proceeds will be paid to a contingent beneficiary if no primary beneficiary survives the insured.

SECTION 2 – CONTINGENT LIFE INSURANCE BENEFICIARIES

LAST NAME	FIRST NAME	M.I.	%	RELATIONSHIP TO EMPL/MEM.	BIRTH DATE
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP
MAILING ADDRESS (NUMBER, STREET, APARTMENT)				CITY	STATE ZIP

_____ DATE	_____ INSURED'S SIGNATURE
	_____ WITNESS

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY CHANGE REQUEST

- DO NOT FORGET to SIGN and DATE this form and make two copies.
 - If the named beneficiary is a minor at the time of payment, a court appointed legal guardian of the minor child's estate may be required for payment of proceeds.
 - If more than one primary or contingent beneficiary is named, and they are not to share equally, be sure to show percentages, or fraction, not dollar amounts for each.*
 - For individual policy holders:
Send copy of this form to Blue Shield of California Life & Health Insurance Company, P.O. Box 7725, San Francisco, CA 94120.
 - For insured persons under a group policy:
Return this form to your Employer or Association's Administrative office for retention and safekeeping. Keep a copy for your records.
- * If three or more beneficiaries are to share equally, state "In equal shares, or in equal share to the survivors, or all to the survivor."