



**GROUP INSURANCE BENEFICIARY DESIGNATION FORM
PROFESSIONAL ENGINEERS IN CALIFORNIA GOVERNMENT**

Please print the information below

MEMBER'S FULL NAME _____

SOC. SEC. # _____ - _____ - _____

Male Female Birthdate: Mo _____ Day _____ Year _____

BENEFICIARY DESIGNATION (Beneficiary Information)

Full Name _____ Birthdate _____

Street _____

City, State, Zip _____

Phone # _____ Relationship to Insured _____

PECG Member Signature _____

Date _____

Note: Unless specifically indicated, the beneficiary designation applies to all Life and AD&D coverage under the PECG Group Plan. If multiple beneficiaries, indicate on separate piece of paper and attach to this card.