



**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 \_\_\_\_\_

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**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.