



CIGNA LIFE INSURANCE BENEFICIARY DESIGNATION/CHANGE FORM

Name of Insured: _____
(Please Print)

Last 4 of SSN: _____

Payroll Location RETIRED

Active Employees - Check all coverages to which this designation applies:

Retirees - Basic Group Life only

Basic Group Life

Voluntary Term Life

Basic Group AD&D

Voluntary AD&D

PRIMARY BENEFICIARY DESIGNATION (Please Print):

Include date of birth for any beneficiary who is under 21 years of age.

If the percentage of insurance that each beneficiary is to receive is not stated, all beneficiaries will share equally.

% Insurance	Name of Beneficiary	Address of Beneficiary	Relationship	Date of Birth

CONTINGENT BENEFICIARY (Please Print): *Applicable in the event that the primary beneficiary predeceases the insured.*

Include date of birth for any beneficiary who is under 21 years of age.

If the percentage of insurance that each beneficiary is to receive is not stated, all beneficiaries will share equally.

% Insurance	Name of Beneficiary	Address of Beneficiary	Relationship	Date of Birth

Employee/Retiree Signature

Date Signed

Witness (Notary Public)

Date Signed

Received by AK Steel Benefits Administrator

Date Signed