

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance, AD&D Insurance and, unless specified otherwise on a separate signed sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to Risk Management.

**MEMBER/EMPLOYEE INFORMATION**

Your Name (Last, First, Middle)		Date of Birth
Your Address		
City	State	Zip
Group Name <b>The School Board of Polk County</b>	Group No. <b>625950</b>	

**BENEFICIARY INFORMATION**

<ul style="list-style-type: none"> <li>Your designation revokes all prior designations.</li> <li>Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.</li> <li>If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.</li> <li>If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."</li> <li>A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.</li> <li>Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.</li> <li>If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."</li> </ul>				
<b>PRIMARY - Full Name</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>% of Benefit</b>
<b>CONTINGENT - Full Name</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>% of Benefit</b>
Signature of Member/Employee		Date		

## Beneficiary Notice (Florida Statute CS/HB 401 under Florida Statute Sec. 732.703)

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### Purpose

The purpose of this memo is to notify you The Florida Legislature recently passed Florida Statute Sec. 732.703.

This law will nullify the designation of your ex-spouse as a beneficiary on your life insurance and other elements within your employee benefits plan.

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### When does the law go into effect?

This law will go into effect **July 1, 2012**.

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### Plans impacted

The statute impacts beneficiary designations made on the following:

- a life insurance policy, qualified annuity or similar tax-deferred contract held within an employee benefit plan
- an employee benefit plan
- an individual retirement account described in s. 408 or 408A of the IRS Code of 1986
- a payable-on-death account
- a security or other account registered in a transfer-on-death account
- a life insurance policy, qualified annuity or similar tax-deferred contract NOT held within an employee benefit plan or tax qualified retirement account.

State retirement accounts are **not** impacted by this law.

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### What is required?

After July 1, 2012, if you want your ex-spouse to be a beneficiary on your life insurance or other employee benefits plan products, you will have to make that designation **AFTER** the dissolution of the marriage. Any employees who currently have an ex-spouse as a beneficiary, and want to keep this designation, will have to designate the ex-spouse again after July 1, 2012.

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### Designation Form

To complete a new life insurance Beneficiary Designation form, please click on the link below. Once you have completed the form please return it to Risk Management for processing.

[http://www.polkfl.net/staff/employeeinfo/riskmanagement/documents/formot\\_herstandardlifebeneficiary.pdf](http://www.polkfl.net/staff/employeeinfo/riskmanagement/documents/formot_herstandardlifebeneficiary.pdf)

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### Questions

If you have any questions regarding this notice, please contact the Risk Management and Employee Benefits Department at (863) 519-3858.

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