

## CHECK LIST for GROUP INSURANCE

Date: \_\_\_\_\_

To: \_\_\_\_\_ Dept: \_\_\_\_\_

From: \_\_\_\_\_ Dept: \_\_\_\_\_

.....

We are returning your \_\_\_\_\_ form for correction(s).

### **Please have the following completed**

- 1)        Signature / Date
- 2)        Complete attached new card
- 3)        Assign a trustee for dependents under 19 years of age
- 4)        Give relationship of beneficiary
- 5)        Give date of birth for each beneficiary
- 6)        State full legal name for each beneficiary
- 7)        \_\_\_\_\_  
\_\_\_\_\_

**Return all forms to your Human Resources/Benefit Administration Office as soon as possible.**

