



Employee Name: _____

RCUH ID: _____

RCUH Group Life Insurance Change Form (B-5L)

(for Regular, Relief, and Non-Regular benefits-eligible status employees 75% FTE or greater)

Upload form and supporting documentation to [RCUH Employee Self Service](#) via **eUpload Section**.

SECTION I: Beneficiary Designation: Life Insurance payments will normally be made to the legally recognized guardian of the minor beneficiary, executor of the estate, or RCUH's Group Life Insurance Carrier.

NAME (Last,First)	Relationship	Contact Information	Primary or Contingent	Percent of Benefit (total must equal 100%)
		Mailing Address: Phone: Email:		
		Mailing Address: Phone: Email:		
		Mailing Address: Phone: Email:		
		Mailing Address: Phone: Email:		

SECTION II: Employee Certification

I understand that RCUH has provided me the opportunity to enroll in the Group Life Insurance plan (default option: two (2) times my annual salary not to exceed \$600,000) for myself. I further understand that if I wish to switch my election in the future or apply for Group Life Insurance benefits at a later date, I will be required by RCUH Life Insurance Carrier to provide evidence of insurability and be approved prior to any additional coverage.

This form will supersede any previous signed versions of this form based on the effective date indicated below.

Employee Signature: _____ **RCUH will only accept WET signatures on this form**

Effective Date: _____

Questions? Contact RCUH Employee Benefits at rcuh_benefits@rcuh.com