

The Hartford  
Group Term Life Insurance and/or Accidental Death and Dismemberment Insurance Policy  
for  
Saint Joseph Missions

Employee: \_\_\_\_\_

Policy #: 920666

List of Contingent Beneficiary(ies):

Contingent Beneficiary #1:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Benefit %: \_\_\_\_\_

Contingent Beneficiary #2:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Benefit %: \_\_\_\_\_

Contingent Beneficiary #3:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Benefit %: \_\_\_\_\_

Contingent Beneficiary #4:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Benefit %: \_\_\_\_\_