



Department of Human Resources
 Division of Employee Benefits

Milwaukee County Retiree Group Life – Beneficiary Change Form

Use to DECLINE, CANCEL OR CHANGE BENEFICIARY

Retiree Information

Name	Social Security Number	Clock Number
Address	Phone Number	Birth Date

Reason for Application

- Waive / Cancel Coverage**
- Change of Beneficiary** (I designate the following as beneficiary or beneficiaries)

Beneficiary Information

Life Insurance will be paid to the Primary Beneficiary listed on file. You may choose multiple Primary beneficiaries, but percentages must add up to 100%. If Primary Beneficiary is deceased, Life Insurance will then be paid to the Contingent Beneficiary on file (if any). Contingent beneficiary percentages must add up to 100%.

Beneficiary Type	% Share	Name	Date of Birth	Relationship	Address
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				

For timely processing, please ensure all above fields are completed. Incomplete forms will not be processed.

Signature of Applicant:	Date:
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Email completed form to Benefits@milwaukeecountywi.gov Or Submit via US Mail