



Section 1 - Employee Information

|   |                                 |                            |                          |
|---|---------------------------------|----------------------------|--------------------------|
| Employee/Retired Employee Name                | SSN                             | Date of Birth (mm/dd/yyyy) | Primary Telephone Number |
| Home Address                                  | City                            | State                      | Zip                      |
| Employer/Group<br>New Mexico State University | Group Policy Number<br>GFZ02001 |                            |                          |

Section 2 - Designations

PRIMARY BENEFICIARY DESIGNATIONS - Note: If percentages are listed, the total of the combination must equal 100%.

| Primary Beneficiary Name | Birth Date | Relationship | Social Security # | Address | % |
|--------------------------|------------|--------------|-------------------|---------|---|
|                          |            |              |                   |         |   |
|                          |            |              |                   |         |   |
|                          |            |              |                   |         |   |
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|                          |            |              |                   |         |   |
|                          |            |              |                   |         |   |

CONTINGENT BENEFICIARY DESIGNATIONS - Note: If percentages are listed, the total of the combination must equal 100%. DO NOT LIST PRIMARY BENEFICIARIES BELOW THIS LINE

| Contingent Beneficiary Name | Birth Date | Relationship | Social Security # | Address | % |
|-----------------------------|------------|--------------|-------------------|---------|---|
|                             |            |              |                   |         |   |
|                             |            |              |                   |         |   |
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|                             |            |              |                   |         |   |
|                             |            |              |                   |         |   |
|                             |            |              |                   |         |   |

Employee/Retired Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Section 3 - Community Property States

**Important Note For Married Employees:** If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, ID, LA, NM, NV, TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **BLUE CROSS AND BLUE SHIELD OF NEW MEXICO WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

**Spousal Consent for Community Property States/Territories:** I hereby consent to the beneficiaries designated above by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  Employee has no legal spouse