



Employee ID

## 2025 Beneficiary Election Form

Last Name	First Name	M.I.	Social Security Number
Phone Number	Email		
Street Address	City	State	Zip

### Designate Beneficiaries for the following plans below (print clearly):

Basic Life Beneficiary		%	Relationship	Date of Birth	Gender	Phone Number
	Primary					
	Primary					
	Contingent					
	Contingent					
Supplemental Life Beneficiary		%	Relationship	Date of Birth	Gender	Phone Number
	Primary					
	Primary					
	Contingent					
	Contingent					
Cancer Beneficiary		%	Relationship	Date of Birth	Gender	Phone Number
	Primary					
	Primary					
	Contingent					
	Contingent					

**Authorization:** I understand that completing this form replaces any and all previous designation of beneficiary(ies) under the plans listed above and I am now designating the beneficiary(ies) named above as the date of this form. If I do not designate a beneficiary, or if none of my beneficiaries survive me, any remaining payments will be made to these persons in the following order: (1) my spouse, (2) my children and their descendants, (3) my parents, (4) siblings, (5) my estate.

To change your beneficiary(ies) for your Trustmark, Guardian, AIG, and Principal plans contact Benefit Source at 210-340-0777 or email [UhsBenefits@BenefitSourceSolutions.com](mailto:UhsBenefits@BenefitSourceSolutions.com)

To change your beneficiary(ies) for your VOYA 457(b) and/or 403(b) plans contact VOYA at 1-800-584-6001 or log in to <https://uhs.beready2retire.com>.

**Submit this completed form to Human Resources by e-mail at [uhs.benefits@uhs-sa.com](mailto:uhs.benefits@uhs-sa.com) or by fax to 210-358-4765.**

Employee Signature:	Date:
OFFICE USE ONLY: Status	DOH:
Effective Date:	Initials: Date Keyed: