Who you should contact when your family status changes or you want to change a beneficiary

Only the beneficiary(ies) on file at the time of your death will receive your benefits and/or account balances. For this reason, it is *critical* that you keep your beneficiary information up to date for all of your benefits and accounts, including your private accounts such as savings and investment accounts. ***Please note: Beneficiary information is confidential. The State of Arizona cannot release the names of beneficiaries to anyone other than the employee or beneficiary.***

If you want to change or update the beneficiaries for any of the benefits for which you have enrolled as an employee of the State of Arizona, use the contact information in the table below. ***Remember: in many cases, adding a beneficiary does not automatically delete a previously-designated beneficiary. If you wish to change a previously designated beneficiary, you must actively do so.***

BENEFITS	BENEFITS	WEBSITE
ADOA Life Insurance Benefits	YES (Your Employee Services)	www.yes.az.gov (Click on 'Benefits' and then 'Beneficiary')
Arizona State Retirement System	Online Member Login	https://www.azasrs.gov/web/Home.do
Public Safety Retirement System Correctional Officers Retirement System Elected Officials Retirement System	FORM 8 – Beneficiary Designation Form	http://www.psprs.com/forms--resources/members
Deferred Compensation	Beneficiary Designation Form	https://www.arizonadc.com/iApp/tcm/arizonadc/support/index.jsp

Accessing group life insurance funds in the event of terminal illness

In the event that you or your dependent are diagnosed with a terminal illness, you or your dependent may be eligible to receive an accelerated payment of up to 80 percent of the amount of the terminally ill person's life insurance policy. The amount of life insurance payable upon the terminally ill person's death will be reduced by the amount paid as an accelerated benefit.

To qualify for accelerated payment, the individual covered under the life insurance policy must:

- have a policy of a least $10,000;
- be under the age of 60;
- provide proof of terminal illness;
- have a life expectancy of 12 months or less;
- make the request in writing.

For more information on accelerated payments, please visit the Benefit Options website at: http://benefitoptions.az.gov and review the Life Insurance Coverage Guide listed under the *Plan Descriptions* link.

Summary

We hope that this booklet has provided you with valuable information. Appendix A contains a Vital Information Form which you may wish to use to record important personal and financial information that may be needed in the event of your death. If you are unsure of the answers to some of the questions on the form, you can log on to the YES website (www.yes.az.gov) to check your benefits and paycheck deductions. ***Please note: Much of the information on the Vital Information Form is confidential. The State of Arizona cannot release benefits information, including the names of beneficiaries, to your spouse, children or significant other(s). Such information can only be provided to you.***

If you have additional questions that have not been answered in this booklet, please

contact your agency Human Resources Office .

Appendix A: Vital Information Form

(See next page)

Vital Information Form

Use this form to record important personal and financial information that may be needed in the event of your death. If you are unsure of the answers to some of the questions on the form, you can log on to the YES website (www.yes.az.gov) to check your benefits and paycheck deductions. ***Please note: Much of the information on this form is confidential. The State of Arizona cannot release benefits information, including the names of beneficiaries, to your spouse, children or significant other(s). Such information can only be released to the employee.***

DISCLAIMER	This document is for your personal record keeping. It is not intended to take the place of a will or trust, nor is it intended to serve as financial or legal advice.

(Fill out and store in a safe location. This information should be updated as needed.)

PERSONAL INFORMATION	
Full Legal Name	Employee Identification Number (EIN)
Date of Birth	Social Security Number

EMPLOYMENT INFORMATION	
Employer (Agency or Department)	Date of Hire
Employer Address	Employer Phone Number
Supervisor's Name	Supervisor's Phone Number
Supervisor's Email Address	
Human Resources Office Address	Human Resources Phone Number
Human Resources Email Address	

EMPLOYER BENEFITS

Check all benefit programs in which you are enrolled:

- ☐ Medical
- ☐ Dental
- ☐ Vision
- ☐ Basic Life Insurance
- ☐ Supplemental Life Insurance
- ☐ Dependent Life Insurance
- ☐ Short-Term Disability
- ☐ Long-Term Disability
- ☐ Retirement Plan
- ☐ Flexible Spending Programs
- ☐ HSA (High Deductible Health Plan) Program
- ☐ Limited Flexible Spending Account
- ☐ Discount Program(s)
- ☐ Auto & Home Insurance Program
- ☐ Deferred Compensation

RETIREMENT

Check those to which you currently contribute and those in which you currently have funds on account:

- ☐ Arizona State Retirement System (ASRS)
- ☐ Public Safety Personnel Retirement System (PSPRS)
- ☐ Corrections Officers Retirement Plan (CORP)
- ☐ Elected Officials Retirement Plan (EORP)

ARIZONA STATE RETIREMENT BENEFITS

Current State Retirement Plan Name

Phone Number	Account Number / SSN

Prior State Retirement Plan Name (if applicable)

Phone Number	Account Number / SSN

OTHER RETIREMENT BENEFITS

Company Name	Type of Plan
Phone Number	Account Number
Company Name	Type of Plan
Phone Number	Account Number

VETERAN BENEFITS

Are you entitled to Veteran's benefits?

☐ Yes ☐ No

SOCIAL SECURITY BENEFITS

Are you entitled to Social Security Benefits?

☐ Yes ☐ No

HEALTH INSURANCE

Carrier Name

Address

Phone Number	Membership Number

Location of Policy or Evidence of Coverage

DENTAL INSURANCE

Carrier Name

Address

Phone Number	Membership Number

Location of Policy or Evidence of Coverage

VISION INSURANCE

Carrier Name

Address

Phone Number	Membership Number

Location of Policy or Evidence of Coverage

BASIC LIFE INSURANCE (EMPLOYER GROUP COVERAGE)

Carrier Name

Address

Phone Number	Membership Number
Location of Policy or Evidence of Coverage	Coverage

SUPPLEMENTAL LIFE INSURANCE

Carrier Name

Address

Phone Number	Membership Number
Location of Policy or Evidence of Coverage	Coverage

DEPENDENT LIFE INSURANCE	
Carrier Name	
Address	
Phone Number	Membership Number
Location of Policy or Evidence of Coverage	Coverage

OTHER INSURANCE POLICIES		
Company Name		
Address:		
Phone Number	Account Number	Type of Policy
Location of Policy or Evidence of Coverage		Coverage
Company Name		
Address:		
Phone Number	Account Number	Type of Policy
Location of Policy or Evidence of Coverage		Coverage

BANKING INFORMATION
Bank Name
Checking Account Number(s)
Savings Account Number(s)
Other Accounts (such as credit cards, money market accounts, CD's, etc.)
Bank Name
Checking Account Number(s)
Savings Account Number(s)
Other Accounts (such as credit cards, money market accounts, CD's, etc.)
Bank Name

Checking Account Number(s)

Savings Account Number(s)

Other Accounts (such as credit cards, money market accounts, CD's, etc.)

CREDIT UNION INFORMATION

Credit Union

Checking Account Number(s)

Savings Account Number(s)

Other Accounts (such as credit cards, money market accounts, CD's, etc.)

Do you have Accidental Death & Disability (AD&D) Insurance through this credit union?
☐ Yes ☐ No Coverage:

Credit Union

Checking Account Number(s)

Savings Account Number(s)

Other Accounts (such as credit cards, money market accounts, CD's, etc.)

Do you have AD&D Insurance through this credit union?
☐ Yes ☐ No Coverage:

OTHER FINANCIAL ASSETS OR CREDITORS

Company Name

Phone Number	Account Number	Type of Investment/Debt

Company Name

Phone Number	Account Number	Type of Investment/Debt

Company Name

Phone Number	Account Number	Type of Investment/Debt

Company Name

Phone Number	Account Number	Type of Investment/Debt
Company Name		
Phone Number	Account Number	Type of Investment/Debt
Company Name		
Phone Number	Account Number	Type of Investment/Debt

REAL ESTATE / MORTGAGE INFORMATION		
Property Location		
Lender Name / Address		
Phone Number	Account Number	Amount
Location of Deed / Title		
Property Location		
Lender Name / Address		
Phone Number	Account Number	Amount
Location of Deed / Title		

LOCATION OF IMPORTANT RECORDS	
Type of Information	***Location***
Will / Trust	
Power of Attorney	
Medical Power of Attorney	
Burial / Cremation / Funeral Instructions	
Motor Vehicle Titles	
Birth Certificates	
Marriage Certificates	
Divorce Certificates	
Social Security Cards	

Employment Records	
Armed Forces Records	
Tax Records	
Stocks / Bonds / Certificates	
Homeowners Insurance Policy(ies)	
Automobile Insurance Policy(ies)	
Other	
Other	

FAMILY ADVISORS

Attorney

Address

Phone Number

Stock Broker / Financial Planner / CPA

Address

Phone Number

Other

Address

Phone Number

SAFETY DEPOSIT BOX

Location of Box

Box Number	Location of Key

POST OFFICE BOX

Location of Box

Box Number	Location of Key

DATE FORM COMPLETED: