



Public Employees Insurance Agency

Underwritten by Minnesota Life Insurance Company
400 Tracy Way, Suite 100
Charleston, WV 25311

PEIA Beneficiary Information

JOHN M DOE
123 MAIN STREET
SOMEWHERE, MN 12345

February 21, 2011

Dear JOHN:

PEIA and Minnesota Life, your group life insurance provider, are working together to ensure your life insurance beneficiary designations are up to date. PEIA has an easily accessible online system that allows you to elect, store, and view your beneficiary designations for your Basic and Optional Term Life. By using this system, you have access to beneficiary information 24 hours a day, 7 days a week!

Why are beneficiary designations important?

Naming a beneficiary is an important benefit of life insurance ownership. It's your right to choose who receives your policy benefits at death. By naming a beneficiary, you are able to ensure that your life insurance benefit is being passed on to those you want to help the most. Events such as marriage, birth/adoption of children, divorce, or death may dramatically change the intent of how you would want your life insurance benefit paid.

If you do not have an existing beneficiary designated with PEIA, your beneficiary of record will be the "plan default". The life insurance benefits will be paid in the following order of priority: your spouse, if living; otherwise your natural and legally adopted children, if living; otherwise your parents, if living; otherwise your siblings, if living; otherwise your estate.

Please note that beneficiary information cannot be released over the phone.

How do I update my beneficiaries?

To make elections or update your beneficiary, go online to PEIA's Benefits Administration web site. To access this site go to www.peia.wv.gov and click on the Manage My Benefits button in the upper right hand corner. Then login with your email and password. *If you do not have internet access*, a paper form has been provided. Complete, sign, date, and return the form in the enclosed business reply envelope.

What is my current coverage?

As of January 21, 2011 you have \$0.00 of Basic Term Life coverage and \$0.00 of Optional Term Life coverage. If you are currently participating in the Dependent Term Life coverage, there have not been any changes to the plan. You, the retiree, are the beneficiary of this benefit.

Questions?

Contact Minnesota Life at 1-877-491-4840.

Sincerely,

PEIA Benefits Team

EXAMPLES OF BENEFICIARY DESIGNATIONS

Example 1: If a primary beneficiary is to receive the proceeds, followed by a contingent beneficiary if the primary beneficiary is deceased.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	100%
CONTINGENT BENEFICIARY(IES) If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons		
Beneficiary Full Name & Address	Relationship	Share % (for contingent beneficiaries must total 100%)
Nancy Doe, 5 Main Street, Anywhere, MN 45685	Sister	100%

Example 2: If more than one primary beneficiaries are to receive proceeds first, followed by the contingent beneficiary(ies) if all of the primary beneficiaries are deceased.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	40%
Jim Doe, 123 4th Street, Anywhere, MN 12345	Husband	40%
Mary Smith, 45 Oak Street, Anywhere, MN 56789	Friend	20%
CONTINGENT BENEFICIARY(IES) If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons		
Beneficiary Full Name & Address	Relationship	Share % (for contingent beneficiaries must total 100%)
Nancy Jones, 5 Main Street, Anywhere, MN 45685	Sister	50%
Jack Williams, 10 Elm Avenue, Anywhere, MN 58978	Brother	50%

Example 3: If the beneficiary is a formal trust.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
John Doe – Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement. Executed by the insured on 6/1/2008.	Trust	100%

State of West Virginia * Public Employees Insurance Agency Basic and/or Optional Life Insurance Beneficiary Designation Form

Name (Last)	(MI) (Generation Jr., Sr., etc.)	Sex (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)
Street Address	City	Work Phone	Home Phone
	State	Zip	

Please choose one of the following:

- I wish to designate the beneficiary(s) of my Basic Life Insurance. Complete Section A below.
- I wish to designate the beneficiary(s) of my Optional Life Insurance. Complete Section B below.
- I wish to designate the beneficiary(s) of my Basic AND Optional Life Insurance. Complete Sections A and B below.

If more than one beneficiary is named, you may divide the death benefit by noting what percentage is to be paid to each beneficiary in the "Distribution %" box. If no percentage is noted the death benefit will be paid in equal shares to the named beneficiaries who survive the employee. If unequal percentages are assigned to the beneficiaries, the share of any beneficiary who predeceases the employee will be distributed equally among all surviving named beneficiaries. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

SECTION A -- BASIC LIFE INSURANCE BENEFICIARY DESIGNATION Please designate the beneficiary(s) of your basic life insurance coverage below. The name of the beneficiary should be fully spelled out, and written "Jane B. Doe," not "Mrs. John Doe" or "Mrs. J. A. Doe". A contingent beneficiary receives the proceeds of the policy only if no primary beneficiary survives. Distribution percentage for each beneficiary type must equal 100%.

Beneficiary Name (Last, First, MI, Generation)	Beneficiary Address (street, city, state, zip)	Relationship to policyholder	Beneficiary Type	Distribution %
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

SECTION B - OPTIONAL LIFE INSURANCE BENEFICIARY DESIGNATION Please designate the beneficiary(s) of your optional life insurance coverage below. The name of the beneficiary should be fully spelled out, and written "Jane B. Doe," not "Mrs. John Doe" or "Mrs. J. A. Doe". A contingent beneficiary receives the proceeds of the policy only if no primary beneficiary survives. Distribution percentage for each beneficiary type must equal 100%.

Beneficiary Name (Last, First, MI, Generation)	Beneficiary Address (street, city, state, zip)	Relationship to policyholder	Beneficiary Type	Distribution %
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Policyholder's Signature _____ Date _____

Witness' Signature _____ Date _____

(Witness signature is REQUIRED, and must be someone who is not a named beneficiary!)



Public Employees Insurance Agency

Underwritten by Minnesota Life Insurance Company
400 Tracy Way, Suite 100
Charleston, WV 25311

PEIA Beneficiary Information

JOHN FOREIGN
123 FOREIGN STREET
UNIT 201
FLOOR 7
SOMEWHERE, PROVINCE
FOREIGN

February 21, 2011

Dear JOHN:

PEIA and Minnesota Life, your group life insurance provider, are working together to ensure your life insurance beneficiary designations are up to date. PEIA has an easily accessible online system that allows you to elect, store, and view your beneficiary designations for your Basic and Optional Term Life. By using this system, you have access to beneficiary information 24 hours a day, 7 days a week!

Why are beneficiary designations important?

Naming a beneficiary is an important benefit of life insurance ownership. It's your right to choose who receives your policy benefits at death. By naming a beneficiary, you are able to ensure that your life insurance benefit is being passed on to those you want to help the most. Events such as marriage, birth/adoption of children, divorce, or death may dramatically change the intent of how you would want your life insurance benefit paid.

If you do not have an existing beneficiary designated with PEIA, your beneficiary of record will be the "plan default". The life insurance benefits will be paid in the following order of priority: your spouse, if living; otherwise your natural and legally adopted children, if living; otherwise your parents, if living; otherwise your siblings, if living; otherwise your estate.

Please note that beneficiary information cannot be released over the phone.

How do I update my beneficiaries?

To make elections or update your beneficiary, go online to PEIA's Benefits Administration web site. To access this site go to www.peia.wv.gov and click on the Manage My Benefits button in the upper right hand corner. Then login with your email and password. *If you do not have internet access*, a paper form has been provided. Complete, sign, date, and return the form in the enclosed business reply envelope.

What is my current coverage?

As of January 21, 2011 you have \$0.00 of Basic Term Life coverage and \$0.00 of Optional Term Life coverage. If you are currently participating in the Dependent Term Life coverage, there have not been any changes to the plan. You, the retiree, are the beneficiary of this benefit.

Questions?

Contact Minnesota Life at 1-877-491-4840.

Sincerely,

PEIA Benefits Team

EXAMPLES OF BENEFICIARY DESIGNATIONS

Example 1: If a primary beneficiary is to receive the proceeds, followed by a contingent beneficiary if the primary beneficiary is deceased.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	100%
CONTINGENT BENEFICIARY(IES) If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons		
Beneficiary Full Name & Address	Relationship	Share % (for contingent beneficiaries must total 100%)
Nancy Doe, 5 Main Street, Anywhere, MN 45685	Sister	100%

Example 2: If more than one primary beneficiaries are to receive proceeds first, followed by the contingent beneficiary(ies) if all of the primary beneficiaries are deceased.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	40%
Jim Doe, 123 4th Street, Anywhere, MN 12345	Husband	40%
Mary Smith, 45 Oak Street, Anywhere, MN 56789	Friend	20%
CONTINGENT BENEFICIARY(IES) If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons		
Beneficiary Full Name & Address	Relationship	Share % (for contingent beneficiaries must total 100%)
Nancy Jones, 5 Main Street, Anywhere, MN 45685	Sister	50%
Jack Williams, 10 Elm Avenue, Anywhere, MN 58978	Brother	50%

Example 3: If the beneficiary is a formal trust.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
John Doe – Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement. Executed by the insured on 6/1/2008.	Trust	100%

State of West Virginia * Public Employees Insurance Agency Basic and/or Optional Life Insurance Beneficiary Designation Form

Name (Last)	(MI) (Generation Jr., Sr., etc.)	Sex (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)
Street Address	City	Work Phone	Home Phone
	State	Zip	

Please choose one of the following:

- I wish to designate the beneficiary(s) of my Basic Life Insurance. Complete Section A below.
 I wish to designate the beneficiary(s) of my Optional Life Insurance. Complete Section B below.
 I wish to designate the beneficiary(s) of my Basic AND Optional Life Insurance. Complete Sections A and B below.

If more than one beneficiary is named, you may divide the death benefit by noting what percentage is to be paid to each beneficiary in the "Distribution %" box. If no percentage is noted the death benefit will be paid in equal shares to the named beneficiaries who survive the employee. If unequal percentages are assigned to the beneficiaries, the share of any beneficiary who predeceases the employee will be distributed equally among all surviving named beneficiaries. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

SECTION A -- BASIC LIFE INSURANCE BENEFICIARY DESIGNATION Please designate the beneficiary(s) of your basic life insurance coverage below. The name of the beneficiary should be fully spelled out, and written "Jane B. Doe," not "Mrs. John Doe" or "Mrs. J. A. Doe". A contingent beneficiary receives the proceeds of the policy only if no primary beneficiary survives. Distribution percentage for each beneficiary type must equal 100%.

Beneficiary Name (Last, First, MI, Generation)	Beneficiary Address (street, city, state, zip)	Relationship to policyholder	Beneficiary Type	Distribution %
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

SECTION B - OPTIONAL LIFE INSURANCE BENEFICIARY DESIGNATION Please designate the beneficiary(s) of your optional life insurance coverage below. The name of the beneficiary should be fully spelled out, and written "Jane B. Doe," not "Mrs. John Doe" or "Mrs. J. A. Doe". A contingent beneficiary receives the proceeds of the policy only if no primary beneficiary survives. Distribution percentage for each beneficiary type must equal 100%.

Beneficiary Name (Last, First, MI, Generation)	Beneficiary Address (street, city, state, zip)	Relationship to policyholder	Beneficiary Type	Distribution %
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	-----	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Policyholder's Signature _____ Date _____

Witness' Signature _____ Date _____

(Witness signature is REQUIRED, and must be someone who is not a named beneficiary!)

