

BAY AREA RAPID TRANSIT DISTRICT

LIFE INSURANCE & FINAL PAYCHECK DESIGNATION

Employee/Retiree Name: _____

Address: _____

Birth Date: _____ Social Security Number: _____

I Designation of Final Paycheck (Applies to all employees) -- Under the provisions of California Government Code Section 53245, I authorize the following individual, age 18 or older, in the event of my death, to be entitled to receive all checks and warrants that would have been payable to me had I survived. I understand I may change this designation at any time.

Name:	Relationship:
Address:	
Employee Signature:	Date Signed:

II Primary Life Insurance Beneficiaries (Applies to Full-Time Employees/Retirees) – the following person(s) identified, by their full name and relationship, are designated as the person(s) who shall receive the proceeds of my group term life insurance upon my death. I understand I may change this designation at any time.

Beneficiary Name	Relationship	Birth Date	Address	Percentage
			Total Percentage:	100%

III Contingent Life Insurance Beneficiaries (Applies to Full-Time Employees/Retirees) – the following person(s) will receive the proceeds of my life insurance upon the death of the primary life insurance beneficiary(ies).

Beneficiary Name	Relationship	Birth Date	Address	Percentage
			Total Percentage:	100%

Employee/Retiree Signature

Date Signed

Benefits Signature

Effective Date

Mailing Address: BART Benefits, 300 Lakeside Drive, 20th Floor, Oakland CA 94612

