

Employee Beneficiaries

From Your Dashboard

☰

ease

Crestienne ▾

CA

Crestienne Aguirra

PR Specialist

Dashboard

Profile

Benefits

Documents

Time Off

Calendar

Directory

Benefits Information

Change My Benefits

Plan	Coverage Details	Cost Details
<div>Medical</div> <div><div>📄</div><div>SBC - click here to review</div></div>	<div>Waived:</div> <div>Crestienne Aguirra</div> <div>Rachel Day</div>	<div>\$0.00</div>
<div>Voluntary Life/AD&D</div> <div>Carrier: Lincoln Financial</div> <div>Plan: 2018 Voluntary Life w/AD&D</div> <div>Effective Date: 9/1/2018</div> <div><div>📄</div><div>SBC - click here to review</div></div>	<div>Enrolled:</div> <div>Crestienne Aguirra - \$50,000.00</div> <div>Waived:</div> <div>Rachel Day</div> <div>Beneficiaries:</div> <div>Rachel Day - Primary - 100%</div>	<div>\$8.08, Post-Tax</div>
Total Employee Cost Per Pay Period (Bi-Weekly)		\$8.08, Post-Tax

1. Click **Change My Benefits**.

Change My Benefits

Close

I would like to *

Select

▼

Change Beneficiaries

Continue

2. Choose **Change Beneficiaries** from drop menu.
3. Click **Continue**.

- 1 Beneficiaries
- 2 Sign Forms
- 3 Finish

If you name multiple beneficiaries, you must also specify how much each beneficiary will receive. The totals of which must add up to 100%.

If you do not want to name an individual or entity as your beneficiary, you may prefer to name your estate or a trust as your beneficiary. The proceeds will then be distributed with your other assets according to your will if a valid, legal trust exists at the time of your death.

[Need Help?](#) [Get Support](#)

Voluntary Life/AD&D Plan

Name	Primary (Required)	Secondary (Optional)
Rachel Day Domestic Partner	0%	0%
Total Percentage	0%	0%

Add a Beneficiary

Add

Continue

4. Update and/or **Add** beneficiary.
5. Click **Continue**.

The Company Site > Beneficiaries 50% Complete [Exit](#)


1 Beneficiaries

2 Sign Forms

3 Finish

Sign Forms

You are required to review and sign your forms before your information can be submitted. Click 'Sign Forms' below.


[Sign Forms](#)

[Need Help?](#) [Get Support](#)

6. Click **Sign Forms**.


[Back](#) 1 signatures remaining (6 pages)


IMPORTANT:

The purpose of this is to ensure that you easily understand the information that you are reviewing. Please review the questions as asked on each form and

Create your signature

Start typing your full name as it appears below.



 **SHA-256 with RSA Encryption**
I understand this is a legal representation of my signature.

[Next](#)

FORMS

completed

7. Type full name as it appears.
8. Click **Next**.

[< Back](#)

1 signatures remaining (6 pages)

IMPORTANT:

The purpose of this form is to ensure that you have completed all required information. Please review each form carefully and accurately.


Please review the questions as asked on each form and

FORMS


easily
nt that you
completed

Create your signature

Some carriers require a hand-drawn signature. Please draw your signature in the box below.

clear

X

 **SHA-256 with RSA Encryption**
I understand this is a legal representation of my signature.

Next

9. With mouse or touch screen, hand draw your signature.

10. Click **Next**.

[< Back](#)

1 signatures remaining (6 pages)

IMPORTANT:

The purpose of this form is to ensure that you have completed all required information. Please review each form carefully and accurately.

Please review the questions as asked on each form and


FORMS

easily
nt that you
completed

Review & Sign Forms

Please review all of the information presented for completeness and accuracy.

When you are ready, sign each section by tapping on the green signature prompts. If at any time you feel like you need to make changes, you can return by clicking 'Back' above. For additional help, please reach out to your HR administrator.

 **SHA-256 with RSA Encryption**
I understand this is a legal representation of my signature.

Next

11. Review instructions and click **Next**.

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1 signatures remaining (6 pages)

HOSPITAL, AND SURGICAL COVERAGE NOT DESIGNED TO SUPPLEMENT OTHER PRIVATE OR GOVERNMENTAL PLANS.

FRAUD WARNING: A PERSON MAY BE COMMITTING INSURANCE FRAUD IF HE OR SHE SUBMITS AN APPLICATION CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH THE INTENT TO DEFRAUD (OR KNOWING THAT HE OR SHE IS HELPING TO DEFRAUD) AN INSURANCE COMPANY. THE FALSITY OF ANY STATEMENT IN THIS APPLICATION SHALL NOT BAR THE RIGHT TO RECOVERY UNDER THE POLICY UNLESS SUCH FALSE STATEMENT WAS MADE WITH ACTUAL INTENT TO DECEIVE OR UNLESS IT MATERIALLY AFFECTED EITHER THE ACCEPTANCE OF THE RISK OR THE HAZARD ASSUMED BY THE INSURER.

NOTE: CALIFORNIA LAW PROHIBITS AN HIV TEST FROM BEING REQUIRED OR USED BY HEALTH INSURANCE COMPANIES AS A CONDITION OF OBTAINING HEALTH INSURANCE COVERAGE.

The insurance requested on this enrollment form will not be effective until approved by the Group Insurance Service Office of The Lincoln National Life Insurance Company, or its insurance partners, and the initial premium is paid to The Lincoln National Life Insurance Company. A delayed effective date will apply if the employee is not Actively at Work or an Active Member, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.

I understand that the vision care insurance benefit plan I have selected provides reimbursement for certain vision costs which are more fully described in the current Certificate of Coverage. I understand there is a **SIGN HERE** where treatment decisions made by my provider or me for vision care expenses which I have incurred may not be covered by my vision care insurance benefit plan.

Employee Full Name: Crestienne Aguirre Employee Signature: X Date:

12. Click in each green signature location.

[< Back](#)

0 signatures remaining (6 pages)

[Finish Signing](#)

IMPORTANT: CAREFULLY REVIEW YOUR FORMS

The purpose of this online system is to help you easily

13. Click **Finish Signing**.

[The Company Site](#) > [Beneficiaries](#)

100% Complete [Finish](#)

- 1 Beneficiaries
- 2 Sign Forms
- 3 **Finish**

Your changes have been submitted!

Click Finish above to go to your dashboard.

[Need Help?](#) [Get Support](#)

14. Click **Finish**.

End of Procedure