

PERSONAL INFORMATION							
Name:		Home Phone # :		Company: Canon Medical Systems USA, Inc.			
Address:		Hire Date:		Marital Status:			
City:		Date of Birth:		Gender:			
State, Zip code:		Social Security Number:		Employee #: (# will be inserted by HR Dept.)			
BENEFICIARY DESIGNATIONS FOR YOUR COMPANY BASIC LIFE, SUPPLEMENTAL LIFE/AD&D, OPTIONAL AD&D AND BUSINESS TRAVEL ACCIDENT PLAN							
<p>You are automatically the beneficiary for your family's life insurance coverage. Basic Life, Supplemental Life/AD&D and Optional AD&D plan coverages are provided through Voya Financial, Group #694924. Your Business Travel Accident plan coverage is provided through Chartis U.S. Life Assurance Company.</p> <p>Primary Beneficiaries Benefit percentages must be even percentages and total 100% for both primary and secondary beneficiaries. When there is no beneficiary designation on file, benefits are paid to the insured's survivor(s) in the following successive order: surviving spouse, surviving child(ren) in equal shares, surviving parent(s) in equal shares, surviving sibling(s) in equal shares, then the insured's estate. Please note: If you have listed beneficiaries below, this form must be signed and returned to the benefits department for activation.</p>							
Name	Social Security Number	Date of Birth	Relationship	Home Address	Phone #	Beneficiary Designation	
						Primary % (Even percentages must total 100%)	Secondary % (Even percentages must total 100%)
NOTARIZED SPOUSAL CONSENT (REQUIRED IF CURRENT SPOUSE IS NOT SOLE PRIMARY BENEFICIARY)							
<p>I, _____, understand that I am not designated as the sole primary beneficiary. I recognize that I may not receive any benefits under these plans. I understand that once I sign this form, I may not change my mind.</p> <p>Spouse Signature _____ Date _____</p> <p>Spouse Name (PRINT) _____</p>					<div>NOTARY SEAL</div> <div>_____</div> <div>_____</div> <div>_____</div>		
EMPLOYEE AUTHORIZATION							
<p>I verify that all the information I supplied and/or corrected on this beneficiary designation form is true and complete to the best of my knowledge.</p> <p>Employee Signature _____ Date _____</p> <p>Employee Name (PRINT) _____</p>							