



ORANGE COUNTY GOVERNMENT BENEFICIARY FORM

BCC
 CMP

Employee Information

Effective Date: _____ Employee ID: _____

_____ New Hire Change Only
 Last Name First Name MI

 Division/Department Phone Number Email Address

Relationship	Beneficiary Information	Address/Phone	Gender	Primary	Contingent
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	_____ Full Legal Name _____ Date of Birth	<input type="checkbox"/> Resides with Employee Address: _____ Phone (required): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	_____ Full Legal Name _____ Date of Birth	<input type="checkbox"/> Resides with Employee Address: _____ Phone (required): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	_____ Full Legal Name _____ Date of Birth	<input type="checkbox"/> Resides with Employee Address: _____ Phone (required): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	_____ Full Legal Name _____ Date of Birth	<input type="checkbox"/> Resides with Employee Address: _____ Phone (required): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	_____ Full Legal Name _____ Date of Birth	<input type="checkbox"/> Resides with Employee Address: _____ Phone (required): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only
<input type="checkbox"/> Additional form(s) attached				Must equal 100%	Must equal 100%

Employee Signature

Date

HR Representative Signature

Date

HR Reviewer Signature

Date



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