KENT COMPANIES
LEADERS IN CONCRETE®
130 60th St. SW | Grand Rapids, MI 49548 | P: 616.534.4909 | 800.968.2345 | F: 616.534.4890

KENT COMPANIES
GROUP LIFE INSURANCE BENEFICIARY DESIGNATION

Employee Name (print) _____

Primary Beneficiary

I hereby designate the following beneficiary who shall be entitled to receive any benefits due in the event of my death.

Beneficiary Name _____

Address _____

_____

Relationship _____

Contingent Beneficiary

If the primary beneficiary designated above predeceases me, I hereby designate the following beneficiary who shall be entitled to receive any benefits due in the case of my death.

Beneficiary Name _____

Address _____

_____

Relationship _____

Employee Signature _____ Date _____