

SCANA Corporation Insurance Beneficiary Form

PLEASE PRINT IN INK OR TYPE

Employee Name _____ Social Security Number _____

Address/Mail Code _____ Your Employee ID # _____

I reserve the right to change this designation at any time. I revoke any and all previous beneficiary designations prior to the effective date shown below.

TYPES OF BENEFICIARY:

- 1 = Regular or Sole Beneficiary
- 2 = Co-Beneficiary - Share as Specified
- 3 = Contingent Beneficiary - To receive in the event of the death of the primary beneficiary.

If more than one contingent beneficiary is designated, payment will be made in equal shares or all to the last survivor.

Designate the distribution of the proceeds as a percentage of the total amount.

Beneficiary Name/Address <i>The information below is required for benefit assignment.</i>	Type of Beneficiary (1, 2, 3)	Whole Percentages Only	Basic Group Term Life	Supplemental Life (1X - 6X)	Basic AD&D	Supplemental AD&D (1X - 2X)
Name _____ Date of Birth _____ Address _____ Relationship _____ _____ SS# _____						
Name _____ Date of Birth _____ Address _____ Relationship _____ _____ SS# _____						
Name _____ Date of Birth _____ Address _____ Relationship _____ _____ SS# _____						

Signature _____ Effective Date _____

RETURN TO
220 Operation Way
MC C131
Cayce, SC 29033