UPDATING LIFE BENEFICIARIES – INSTRUCTIONS

If you want to add a beneficiary or make a change to an existing beneficiary, follow these instructions. You may change the percentage amount for any beneficiary listed at any time. Keep in mind that primary designation and secondary designation totals must equal 100% each. Enter the whole number only (example, 50, do not enter 50% or 50.33.) The same person cannot be a primary and secondary beneficiary for the same policy. You <u>CANNOT</u> delete or type over a name that was previously entered. The information is part of your history and will remain. Instead, if you have someone you no longer wish to have as a beneficiary, change their designation amount to zero.

1. Log in to eCHRIS <u>echris.phoenix.gov</u> If you need assistance with password reset contact the Help Desk at 602-534-4357.



2. Click the **BENEFITS** tile



3. Once on the Benefits page select Benefits Summary from the **upper left-hand corner of the page**. This will bring up the current benefits (Benefit Plans) you are enrolled.

✓ Employee Sall Senite				
Denofits Summary	To view year banklits as of another date, onter the date and select Relevant My Benefits on	8803/2024 💼 Suburi		Phone 682282-4777
🖶 Life Events 🗸 🗸	Benefit Plans			to Deal
S Denefits Excolment			Director Directory Associat	Eenetis, questionagginaeras gov
7. Benefit Statements	Haw welces savers choice	Hearap Hearth Care Account	Partice Valued	@ Researces
1) Benefits Atlachment	Please Stot	Pledge \$500		Benefits Website
(i) Denefts Webshe				
	Review	Review		
	Medical	Dental	Buy-Up Vision Plan	
	Plan. BCBS Savers Choice Health Plan Coverage: Employee Only	Plan CIGNA Dental PPO Coverage Family	Plan Buy-Up Valon Plan Coverage Family	
	🔮 0 Dependents	44 1 Dependents	👹 t Dependents	
	Review	Review	Review	
	Legal Plan	Optional Life Employee	Optional Life Spouse	
	Coverage Walved	Pism Optional Life Employee 15 Coverage \$150000 491 Beneficiaries	Coverage Waired	

- **4.** Scroll down until you get to the benefits that you can add a beneficiary. Those benefits are:
 - Basic Life Insurance
 - Basic AD/D
 - Optional Life Employee
 - Occupational AD/D
 - Commuter Life
 - No beneficiary name is needed for Optional Life Spouse and Optional Life Dependent Child, the employee is the default beneficiary.
- 5. Click on the tile of the benefit you want to add/review a beneficiary.

- 6. From that screen, you will see your existing beneficiaries or you can add a new beneficiary.
 - To add a beneficiary Click Add Beneficiary
 - To updated beneficiary designations, click **Update Beneficiary Designation** and skip to "Allocating Beneficiary Designation" section of these instructions.

						Basic Life Insu	ar
	My Benefits on 01 71	102/2024 is is Current Enrollm	wr.t				
.ife insurance play	s an important role is	ensuring that your	family is financially secure	if you were to pass away			
	Enrolled Plan 15	Base Salary					
	Plan Provider M	innesota Life Insura	nce Company				
	Coverage S	ilary X 1					
	Group Number 0	6852501					
four Beneficiary	Designation						
Beneficiary F	Prin Secon Relationship Cur	ary Allocation Pe lary Allocation Pe rent Primary Perce	incent incent Intage Current Seco	ndary Percentage			
Beneficiary F	Prin Secon Relationship Cur	ary Allocation Pe lary Allocation Pe rent Primary Perce	rcent rcent intage Current Seco	ndary Percentage			
Beneficiary F Total Add Beneficiary	Prin Secon Relationship Cur Update Bene	ary Allocation Pe ary Allocation Pe rent Primary Perce iciary Designation	rcent intage Current Seco	ndary Percentage			
Beneficiary F Total Add Beneficiary atest Deduction	Prin Secon Relationship Cur Update Bene	ary Allocation Pe rent Primary Perce Internation Designation	rcent intage Current Seco	ndary Percentage			
Beneficiary F Total Add Beneficiary attest Deduction	Prin Secon Relationship Cur Update Benef ns for the latest pay pe	ary Allocation Per rent Primary Perco Internation Perconnection Internation	rcant rcant Intage Current Seco	ndary Percentage			
Beneficiary F Total Add Beneficiary attest Deductions ² ayroll deductions Plan Description	Prin Secons Relationship Cur Update Bene ns for the latest pay pa Employer Paid	ary Allocation Pe lary Allocation Pe rent Primary Peece klary Designation riod for this banafit Employee Contribution	coart coart intage Current Saco	Adary Percentage			

7. Click on Add Name

Update Individual	epender	nt/Beneficiary	Info	rmation
Select Save after you have added your Depende V2/2024. Name	ntBeneficia	ry's information. The	chan	* Indicates required fiel ges will go into effect on
Add Name				
Personal Information Date of Bir	th MM/DD	mm f	a l	
*Genc	er	*		
*Relationship Employ	to		~	
Depende	nt			
*Marital Status	Single	~	As of	MM/DD/YYYY
*Student	No 🗸		As of	MM/DD/YYYY
Disabled I	io.		As of	MM/DD/YYYY
*Employed by the City	No ¥			
4 m				
ddress				
Address Ad	iress Type	Same Add	iress	as mine
usa 234 Disney Lane Ho Imagine This, AZ 85000	ne	Same as r	nine	>
lational ID				
No National ID exists.				
Add National ID				

8. Type in Beneficiary information and when finished, click **DONE**.

Cancel	N	lame	
Name For	mat English	~	
Name Pr	refix	~	
*First N	ame		
Middle N	ame		
*Last N	ame		
Name St	uffix	~	
Display N	ame		
Formal N	ame		
N	ame		
4			

9. You will be brought back to the Update Individual Dependent/Beneficiary Information page. Make sure to complete all required fields for the new beneficiary and the Benefits Certificate. Once you have filled the form to add your beneficiary, click **SAVE** in the upper right-hand corner of the screen. Follow on-screen save prompts.

×

Update Individual Dependent/Beneficiary Information	Save
• norceare revealed of your Dependent/Beneficiary's information. The changes will go into effect or 2024.	reid 1
el Rose	>
Personal Information	
Date of Birth 09/01/2016	
*Gender Female 🗸	- 1
*Relationship to Child	- 1
Dependent Yes	- 1
Beneficiary Yes	- 1
*Marital Status Single As of MM/DD/YYYY	
*Student Yes V As of MM/DD/YYYY	- 1
Disabled No As of MMDD/YYYY	- 1
*Employed by the City No 🗸	- 1
Benefits Certificate	
ependent Child Qualifications	
SWER THE FOLLOWING QUESTIONS:	
s is my son, daughter, adopted child, stepchild, child of my qualified domestic partner, or child for whom I	have cour
swor	

This is my son, daughter, adopted child, stepchild, child of my qualified domestic partner, or child for whom I have court approved permanent legal custody or guardianship.	
Answer ⊖Yes	
○ No	
This dependent is under the age of 26.	
Answer ○ Yes	
○ No	
YOUR RESONATION THE Lineofestate that provides take Montantia short this differ digitality can result in disculary system up bane including any effect of the provide system and the pr	
Accept Relect	

Allocating Beneficiary Designation

1. Click on the Update Beneficiary Designation button



The Update Beneficiary Designation box will generate

Cancel		Updat	e Beneficiary Designation		Savo
You may designa beneficiaries are If you select flat o 100. All percents	te the individuals as primary or secondary to deceased. Ioliar amount, then one beneficiary must be for secondary beneficiaries must total 100.	ceneficiaries by allo designated to rece	cating a percent or a specific dollar and ive remaining money from the policy. If	ount. Secondary beneficiaries rece you select percents, all percents fo	ive benefits only if all primary or primary beneficiaries must total
	Primary Allocation Method	Percent	~		
	Secondary Allocation Method	Percent	×		
Beneficiary	Relationship Current Primar	y Percentage	Current Secondary Percentage	New Primary Percentage	New Secondary Percentage
Tangled Rose	Child			0	0
Ariel Rose	Child			0	0
				Total 0	0
	Primary Excess Amount Goes To		~		
	Secondary Excess Amount Goes To		~		

2. Allocate what percent of Life insurance goes to each beneficiary. (The percentage must be in whole numbers). The number must add up to 100%. If you go over, you will receive a pop-up reminder that you must allocate 100 percent to your primaries.



3. Update the percent to reflect 100% and save by clicking the SAVE box in the upper right-hand corner of the box. Follow onscreen save prompts.

pu may designat eneficiaries are c 'you select flat di 00. All percents f	to the individuals as primary or secondary b deceased. Diar amount, then one beneficiary must be for secondary beneficiaries must total 100.	Update eneficiaries by alloca designated to receiv	Beneficiary Designati	on r amount. Secondary beneficiaries rec cy. If you select percents, all percents	eive benefits only if all primary for primary beneficiaries must total
	Primary Allocation Method	Percent	~		
	Secondary Allocation Method	Percent	~		
Beneficiary	Relationship Current Primary	Percentage	Current Secondary Percenta	ge New Primary Percentage	New Secondary Percentage
Tangled Rose	Child			50	0
Ariel Rose	Child			50	0
				Total 100	
	Primary Excess Amount Goes To		~		
	Secondary Excess Amount Goes To		~		

4. You will be brought back to the life insurance page where you will see your current beneficiary(ies) listed.

	My Benefits on	08/05/2024 This is Current Enrollm	ent	
Life insurance plays	an important ro	le in ensuring that your	family is financially secure i	if you were to pass away
	Enrolled Plan	1x Base Salary		
	Plan Provider	Minnesota Life Insura	nce Company	
	Coverage	Salary X 1		
	Group Number	056852501		
Your Beneficiary	Designation			
Beneficiaries design modify. To change y	nated for the Bas our beneficiary a	ic Life Insurance is plan allocations, select the U	are listed here. Select the pdate Beneficiary Designat	beneficiary to view or ion button.
	F	Primary Allocation Pe	rcent	
	Sec	ondary Allocation Pe	rcent	
Beneficiary R	telationship	Current Primary Perce	entage Current Secon	ndary Percentage
Tangled Rose	Child	50		>
Ariel Rose	Child	50		>
Total		100	0	
Add Beneficiary	Lindate Br	eneficiary Designation	1	
			J	
Latest Deduction	IS			
Payroll deductions	for the latest pay	period for this benefit.		
Plan Description	Employer Paid	Employee Contribution	Employer-Employee Contribution	Pay Period End Date
1x Base Salary	7.68	0.00		07/07/2024

5. At the top right-hand side of the window, click on "X." This will take you back to the list of enrollment types.



Back to the	Benefit S	Summary Page
-------------	-----------	--------------

Entertra Summary	To view your bonefits as of another date, enter the date and select Refeat			* Contact Information
Copendent/Deneficiary Info	My Deselfa or	100022924 🕅 Bebesh		Phone
👌 Life Events 🗸 🗸	Benefit Plans			902202-4/17
S Denefits Excelment			1	benefits questions@phoenis.gov
Serell Salements	HSA w DCBS Savers Choice	Flexrap Health Care Account	Flexrep Daycare Account	- Researces
Derefts Atachment	Plan. Health Equily Hith Sav Acit Pledge: \$500	Plan Please Health Care Account Pledge \$500	Piedge Walved	Denafta Visbaite
🖞 Berefits Website				
	Review	Review		
	Necical	Dental	Buy-Up Vision Plan	1
	Plan. BOBS Savers Choice Health Plan	Flav CIONA David PPO	Plan Buy-Up Vision Plan	
	Coverage Engloyee Unity	Coverage Family	W 1 Dependents	
	Review	Review	Review	
	Legal Plan	Optional Life Employee	Optional Life Spouse	
	Coverage Walved	Plan Optional Life Employee 15 Coverage \$15000	Coverage Walved	

6. Repeat these steps for all policies that require beneficiaries. You will not need to re-enter personal information. The person(s) you just added will now be listed.

Below, is a list of policies that include a beneficiary that you cannot update in eCHRIS:

The following may require updating of your beneficiaries: Nationwide Beneficiary Form – 401a, 457 and PEHP (All Employees) <u>https://www.phoenixdcp.com/iApp/tcm/phoenixdcp/support/index.jsp</u> (return form to Nationwide) 602-266-2733

COPERS Beneficiary Form (General City Employees) <u>https://www.phoenix.gov/copers/forms</u> (Designation of Beneficiary) (Return form to COPERS, City Hall, 10th Floor, 200 W. Washington St., Phoenix, AZ 85003) 602-534-4400

PSPRS Beneficiary Form (Fire and Sworn Police Employees)

https://www.psprs.com/forms--resources/retirees (Beneficiary Designation) (Return form to COPERS, City Hall, 10th Floor, 200 W. Washington St., Phoenix, AZ 85003) THEY WILL FORWARD T O PUBLIC SAFETY RETIREMENT. 602-255-5575