



Boulder Valley
Public Schools

6500 Arapahoe, PO Box 9011
Boulder, Colorado 80301
303-447-5022

<http://bvsd.org>

Division of Human Resources

LIFE INSURANCE BENEFICIARY DESIGNATION

I understand I have a \$20,000 life insurance policy (depending on my position with the district). This coverage is through CIGNA.

I designate the following as my beneficiary:

Single: _____

Multiple: _____

Employee Name: _____

Social Security: _____

Signature: _____

Date: _____