



WASHINGTON GAS LIGHT COMPANY
BASIC GROUP TERM LIFE/AD&D/TRAVEL ACCIDENT
INSURANCE PLAN(S)

PLEASE PRINT ALL INFORMATION CLEARLY
DO NOT ERASE OR MAKE ANY CORRECTIONS: USE A NEW FORM

NAME: _____ EMP. NO. _____
(Please Print)

In accordance with the conditions of the Group Policy, I hereby revoke any previous designation of beneficiary and contingent beneficiary and designate as beneficiary(ies),

1. Form with fields: Name, Social Security No., Address, Telephone, Birth Date, Relationship, Percent

2. Form with fields: Name, Social Security No., Address, Telephone, Birth Date, Relationship, Percent

If the said beneficiary predeceases me, I designate as contingent beneficiary(ies),

1. Form with fields: Name, Social Security No., Address, Telephone, Birth Date, Relationship, Percent

2. Form with fields: Name, Social Security No., Address, Telephone, Birth Date, Relationship, Percent

I reserve the right to change this designation at any time.

SIGNATURE _____ DATE _____

PLEASE NOTE:

Do not erase or attempt to make any corrections; use a new form.

If you wish to name multiple beneficiaries, the percent of insurance to be paid to each beneficiary should be shown in whole percentages **totaling 100%** (i.e., 5% 10% 15% 20% etc.).

If all your beneficiaries do not fit within this form, please add a separate page naming the additional beneficiaries and indicate on the first page see attached.

Benefits are not paid to minors until they reach "the age of majority" as determined by state law. However, benefits may be paid to a court appointed financial guardian on the minor's behalf if appropriate court documentation is provided.

When the beneficiary is not related to you by blood or marriage, the "Relationship" should be shown as "Nonrelative".

PLEASE RETURN COMPLETED FORM TO:

Mail: Washington Gas Light
Attn: Human Resources
6801 Industrial Road
Springfield, VA 22151

Fax: 703-750-7593

Email: HR_Benefits@washgas.com