COASTAL TRANSPORT CO., INC.
FLEXIBLE BENEFITS PLAN SECTION 125

Emp # **Employee Name** **Terminal**

BENEFICIARY DESIGNATION FOR COMPANY PAID LIFE INSURANCE

Please make your beneficiary designation for your Company Paid Life Insurance. You may change your beneficiary at any time by completing a new Beneficiary Form.

If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%.

Primary Beneficiary: The primary beneficiary is the person(s) you name to receive death benefits. You may name more than one beneficiary. If you specify benefit percentages the total must equal 100%. If you do not specify benefit percentages, proceeds will be paid in equal shares to the primary beneficiaries who survive you.

Contingent Beneficiary: The contingent beneficiary is the person(s) you name to receive death benefits if no primary beneficiary survives you. If you specify benefit percentages the total must equal 100%.

BENEFICIARY					
First Name	**Last Name**	**Date of Birth**	**Relationship**	**Phone Number**	**Benefit %**
Primary					%
Primary					%
Contingent					%
Contingent					%

EMPLOYEE AUTHORIZATION

In connection with my participation in the Plan, I understand and agree that: the compensation reduction cannot be changed or revoked at any time during the Plan year unless consistent with a “change in family status” (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse or employment of a spouse), or such other event that the Plan administrator determines will permit a change or revocation in accordance with applicable law.

In association with my participation in the Plan, I hereby agree to abide by the conditions set forth above and by the terms and provisions of the Plan. I authorize Coastal Transport Co., Inc. to make the deductions from my wages as elected. My employer can reduce or cancel any of my elections, if necessary, to comply with the Internal Revenue Code. If there is a rate increase my employer is able to automatically increase my premium accordingly. If no change is made, my deductions will continue next year as shown. I also understand that my premiums that qualify under Section 125 for medical, dental, vision, accident and cancer policies will be deducted on a before-tax basis.

You must sign and return this form to the HR Department before your coverage begins under the plan.

Employee Signature **Date**