



Beneficiary Form

Employee Name _____

Employee ID _____ SS# _____ College _____

Name	Address	Relationship	Birth Date	Social Security #	%	Primary Y / N

I understand that the beneficiary designation applies to the \$20,000.00 basic life, the \$15,000.00 Basic AD&D, as well as Supplemental Life and Supplement AD&PL, if applicable.

Additional Beneficiaries listed on back? Yes _____ No _____

Date signed: _____ Employee Signature: _____

Additional Beneficiaries:

Name	Address	Relationship	Birth Date	Social Security #	%	Primary Y / N