# Beneficiary Form

Employee Name_____

Employee ID _____SS#_____Campus_____

| Name | Address | Relationship | DOB | Social Security # | % |
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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 | DOB | Social Security # | % |
|---|---|---|---|---|---|
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