

Personal Accident Insurance Plan Beneficiary Designation Form

Return to: Personal Accident Plan, University Human Resource Services, 400 East 7th Street, Poplars E165, Bloomington, IN 47405

Participant Information

Name: _____ Employee ID Number: _____
Last First MI

Date of Birth (mm/dd/yyyy): ____/____/____ Date Employed (mm/dd/yyyy): ____/____/____

Address: _____
Street City State Zip

Phone: (_____) _____ - _____ E-mail: _____

Beneficiary Designation

Please check one: Initial Beneficiary Designation Change in Beneficiary Designation

The following beneficiary designation will apply to Personal Accident Insurance only. Fill in the name(s) of the beneficiaries you wish to have for your Personal Accident Insurance coverage. Indicate beneficiaries' month/day/year of birth, complete address, Social Security Number (SSN), and relationship to yourself. **NOTE: *Benefit percentages must equal 100% between all beneficiaries. Decimals and/or fractions will not be accepted.***

Primary Beneficiary(ies):

| Name | DOB | Address | SSN | Relationship | % |
|-------|-------|---------|-------|--------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Contingent Beneficiary(ies):

| Name | DOB | Address | SSN | Relationship | % |
|-------|-------|---------|-------|--------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Participants may change the above beneficiaries in accordance with the policy provisions.

I am aware that the beneficiary information included in this form becomes effective when delivered to Indiana University and will remain in effect until I deliver to the university another completed and signed Beneficiary Designation Form. I understand that I may change my beneficiary designation at any time and that it is my responsibility to make such changes.

Participant's Signature _____ Date _____

Make a copy for your records.

Instructions

Please type or print, except where the participant's signature is required.

The full **legal** name of each beneficiary should be included. (For example, MARY E. SMITH, not M.E. SMITH or MRS. JOHN J. SMITH.) Also include the beneficiary's month/day/year of birth, complete address, and Social Security Number (SSN).

Order of Payment and Division of Benefits – Unless otherwise provided:

- a. Payment at my death is to be made to a Primary Beneficiary if he or she is then living. If there is no Primary Beneficiary living, then payment is to be made to a Contingent Beneficiary.
- b. If a Class of Beneficiaries contains more than one person, the benefits due the Beneficiaries in such Class at my death are to be apportioned in equal shares to the then living Beneficiaries in the Class.
- c. Unless otherwise provided, if all Beneficiaries predecease me, all interest in the benefits will vest in me or my estate.

Definition of Terms – Unless otherwise provided, these terms have the meanings indicated:

Children – the children born of any and all marriages, and any children legally adopted at any time.

Estate – my duly appointed Executors or Administrators.

Illustrative Beneficiary Designations

1. Possible family situation: Spouse as Primary Beneficiary and Children as Contingent Beneficiaries. (Names of guardians should not be stated.)

| | Name | DOB | Address | SSN | Relationship | % |
|------------------------------------|---------------|--------|-------------------------------|-------------|--------------|-----|
| Primary Beneficiary(ies) | Martha B. Doe | 1/1/50 | 12 W. St., Any Town, IN 47444 | 555-55-5555 | Wife | 100 |
| Contingent Beneficiary(ies) | John K. Doe | 7/1/78 | 12 W. St., Any Town, IN 47444 | 555-55-5555 | Son | 50 |
| | Mary L. Doe | 8/5/81 | 12 W. St., Any Town, IN 47444 | 555-55-5555 | Daughter | 50 |

2. More than one beneficiary in a category: Each to share equally in benefits.

| | Name | DOB | Address | SSN | Relationship | % |
|---------------------------------|-----------------|---------|------------------------------------|-------------|--------------|----|
| Primary Beneficiary(ies) | Jane B. Smith | 3/6/45 | 100 Main St., Any Town, IN 47444 | 555-55-5555 | Sister | 33 |
| | Robert C. Black | 5/24/50 | 15 First. St., Any Town, IN 47444 | 555-55-5555 | Brother | 33 |
| | Hazel B. Gray | 7/14/58 | 22 Park Ave., Other Town, IN 47444 | 555-55-5555 | Sister | 34 |

3. Estate as beneficiary: My estate

4. Trustee named in inter vivos (living) trust agreement: First Bank & Trust Co., Ohio, or its successors, as trustee under trust agreement dated October 10, 1985.

5. Trustee named in your Will (testamentary trustee): The trustee(s) qualified under my Last Will and Testament and/or any codicil thereto.

6. Institution as beneficiary: (Full legal name should be stated; also state whether the institution is a corporation.)