

Supplemental Group Life Insurance Plan

Beneficiary Designation Form

Complete and return form to your campus HR office. For Retirees, return to: Supplemental Group Life Plan, University Human Resource Services, Poplars E165, 400 East 7th Street, Bloomington, IN 47405.

Employee Information:

Employee Name: _____ Date of Birth: ____/____/____ Employee ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Campus: _____ Phone: _____-_____-_____ E-mail: _____

Beneficiary Designation:

This is a(n): Initial Beneficiary Designation Change in Beneficiary Designation

Primary Beneficiary(ies):

Name:	DOB	Address	SSN	Relationship	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Contingent Beneficiary(ies):

Name:	DOB	Address	SSN	Relationship	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Employee Certification:

Participants may change the above beneficiaries in accordance with the policy provisions. Unless stated otherwise, the death benefit will be paid in equal shares to surviving beneficiaries, if more than one has been chosen. If none of the beneficiaries is alive, payment will be made under 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.

Employee Signature: _____ Date: ____/____/____

See reverse side for instructions.

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.)