



BENEFICIARY CHANGE FORM

Name: _____

Employee ID #: _____ SSN: _____
(Optional)

University Sponsored Life Insurance	
Parts I and II	
Primary Beneficiary: _____	Relationship to Employee: _____
Contingent Beneficiary: _____ (Secondary)	Relationship to Employee: _____
Part III	
Primary Beneficiary: Employee	Relationship to Dependent: _____
Contingent Beneficiary: _____ (Secondary)	Relationship to Employee: _____

Supplemental Life Insurance	
Employee Supplemental Life Insurance	
Primary Beneficiary: _____	Relationship to Employee: _____
Contingent Beneficiary: _____ (Secondary)	Relationship to Employee: _____
Spouse Supplemental Life Insurance	Dependent Supplemental Life Insurance
Primary Beneficiary: Employee	Primary Beneficiary: Employee
Contingent Beneficiary: _____ (Secondary)	Relationship to Dependent: _____
Relationship to Employee: _____	Contingent Beneficiary: _____ (Secondary)
	Relationship to Employee: _____

Accidental Death and Dismemberment	
Primary Beneficiary: _____	Relationship to Employee: _____
Contingent Beneficiary: _____ (Secondary)	Relationship to Employee: _____

Signature: _____ Date: _____