

BENEFICIARY ELECTION/CHANGE

Policy Holder: Miami University **Group Policy:** #SA3-880-02515

Name:

Banner ID:

- This form is to be used for electing and changing beneficiaries for *basic* life and accidental death plans and for *voluntary* life and accidental death plans. This is not to be used for changing names due to marriage or divorce.
- You must designate a primary beneficiary(ies) for Employee Basic Life. You are automatically the primary beneficiary for Dependent Life.
- When making beneficiary changes, be sure to complete all of the beneficiary designations for that plan.

BASIC LIFE	
Primary Beneficiary	
Name:	
Relationship:	%
Address:	
City:	State: ZIP:
Phone:	
Additional Beneficiary	Contingent Beneficiary
Name:	
Relationship:	%
Address:	
City:	State: ZIP:
Phone:	

BASIC ACCIDENTAL DEATH & DISMEMBERMENT	
Primary Beneficiary	
Name:	
Relationship:	%
Address:	
City:	State: ZIP:
Phone:	
Additional Beneficiary	Contingent Beneficiary
Name:	
Relationship:	%
Address:	
City:	State: ZIP:
Phone:	

I choose to elect the same beneficiary for all plans in which I am enrolled.

VOLUNTARY LIFE	
Primary Beneficiary	
Name:	
Relationship:	%
Address:	
City:	State: ZIP:
Phone:	
Additional Beneficiary	Contingent Beneficiary
Name:	
Relationship:	%
Address:	
City:	State: ZIP:
Phone:	

VOLUNTARY ACCIDENTAL DEATH	
Primary Beneficiary	
Name:	
Relationship:	%
Address:	
City:	State: ZIP:
Phone:	
Additional Beneficiary	Contingent Beneficiary
Name:	
Relationship:	%
Address:	
City:	State: ZIP:
Phone:	

If more than one beneficiary is named above, and if I fail to specify their respective interests, I understand and intend that payment will be made in equal shares to such beneficiaries as survive me, and that if no named beneficiary survives me, payment will be made to my estate unless the group policy(ies) should provide otherwise. This designation supersedes any beneficiary designation or designations that I may have made previously under a policy or policies of group insurance issued to the policyholder named above.

Employee Signature:

Date:

Additional Beneficiaries as part of a "Group":

Additional Primary Beneficiaries In addition to the ones on the front of this form			
Name:			
Relationship:			%
Address:			
City:		State:	ZIP
Phone:			
Name:			
Relationship:			%
Address:			
City:		State:	ZIP
Phone:			
Name:			
Relationship:			%
Address:			
City:		State:	ZIP
Phone:			
Name:			
Relationship:			%
Address:			
City:		State:	ZIP
Phone:			