

BENEFICIARY/ELECTION CHANGE FORM

INSTRUCTIONS FOR BENEFICIARY ELECTION/CHANGE FORM

1. This form is to be used for electing and changing beneficiaries. This is not to be used for changing names due to marriage or divorce.
2. You must designate a primary beneficiary(ies) for Employee Life. You are automatically the primary beneficiary for Dependent Life.
3. When making beneficiary changes, be sure to complete all of the beneficiary designations for that plan.

Please type or print (LEGIBLY) all names

Employee Name (First, M.I., Last)			Social Security Number			Group Policyholder Name Miami University		
Group Policy #SA3-880-02515		Department Name & Number				Date of Employment		
B A S I C L I F E	Primary Beneficiary							
	Name				Relationship			%
	Address		City	State	Zip	Phone	Social Security #	
	Additional Beneficiary(ies) <input type="checkbox"/> or Contingent Beneficiary(ies) <input type="checkbox"/>							
	Name				Relationship			%
Address		City	State	Zip	Phone	Social Security #		
O P T I O N A L L I F E	Primary Beneficiary							
	Name				Relationship			%
	Address		City	State	Zip	Phone	Social Security #	
	Additional Beneficiary(ies) <input type="checkbox"/> or Contingent Beneficiary(ies) <input type="checkbox"/>							
	Name				Relationship			%
Address		City	State	Zip	Phone	Social Security #		
B A S I C A D & D	Primary Beneficiary							
	Name				Relationship			%
	Address		City	State	Zip	Phone	Social Security #	
	Additional Beneficiary(ies) <input type="checkbox"/> or Contingent Beneficiary(ies) <input type="checkbox"/>							
	Name				Relationship			%
Address		City	State	Zip	Phone	Social Security #		
O P T I O N A L A D & D	Primary Beneficiary							
	Name				Relationship			%
	Address		City	State	Zip	Phone	Social Security #	
	Additional Beneficiary(ies) <input type="checkbox"/> or Contingent Beneficiary(ies) <input type="checkbox"/>							
	Name				Relationship			%
Address		City	State	Zip	Phone	Social Security #		
<p>Employee Signature (for all beneficiary designations)</p> <p>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 supercedes 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.</p> <p>Employee Signature: _____ Date: _____</p>								