

LC

University of Michigan

Group No. G-10100

Beneficiary for Group Life Insurance

Please print all information in **black** ink.

1. Faculty or Staff Member Information.

| | | |
|---|---------------|----------------------|
| Name (Last, First, Middle Initial) | | UMID |
| U.S. Social Security Number (If UMID unknown) | Date of Birth | Daytime Phone Number |

Check the box next to the Life Insurance plan for which you wish to designate or change beneficiaries. If no box is checked, this beneficiary designation will apply to all life insurance plans in which you currently participate. You are automatically the beneficiary for Dependent Life plans.

Basic Group Life Insurance University Group Life Insurance Optional Group Life Insurance Travel/Accident Insurance

2. Designation of Beneficiary(ies).

Primary Beneficiary(ies). Primary(ies) receive payment first. Percentage amounts must total 100%.

| | |
|---|---|
| 1. Legal Name _____ Address _____ _____ Date of Birth _____ Relationship to you _____ Percentage _____ | 2. Legal Name _____ Address _____ _____ Date of Birth _____ Relationship to you _____ Percentage _____ |
|---|---|

Contingent Beneficiary(ies). Payment only if all primaries are deceased. Percentage amounts must total 100%.

| | |
|---|---|
| 1. Legal Name _____ Address _____ _____ Date of Birth _____ Relationship to you _____ Percentage _____ | 2. Legal Name _____ Address _____ _____ Date of Birth _____ Relationship to you _____ Percentage _____ |
|---|---|

3. Certification and Signature.

I have read the back of this form and agree to the terms and conditions listed there. The information listed above is correct to the best of my knowledge.

Signature of Faculty or Staff Member

Date Signed

How to Complete the Beneficiary Designation Section

To designate a beneficiary or beneficiaries, complete this form as follows.

- Under Primary Beneficiary, list person(s) whom you wish to be paid first. Under Contingent Beneficiary, list person(s) whom you wish to be paid only if no Primary beneficiary survives you.
- Percentage: If you list more than one beneficiary, and you wish the beneficiaries to receive specific percentages, enter the percentage in the space provided under the person's name. List whole percentages only. Actual dollar amounts are not valid. Check your math to be sure the percentages listed equal 100%.
- If your beneficiary is not related to you, show the relationship as "Friend."
- If you wish to name your estate, insert "Estate" on the first line of Number 1 under Primary Beneficiary.
- If you name a beneficiary who is a permanent resident of a foreign country, furnish that person's full current address, to assist in locating the person.
- If you wish to name a trust, under Primary Beneficiary, write the complete name(s) of the trustee(s) and successor(s), and the date of the trust. Note: This document does not create a trust.
- If you wish to name more beneficiaries than there are spaces provided on this form, please attach a separate sheet. Include on that sheet your name, your UMID or U.S. Social Security Number (if UMID is unknown), and the name, address, relationship to you, and percentage (if you wish to indicate a specific percentage) for the additional named beneficiary or beneficiaries. Sign the separate sheet so that it will be valid.
- Keep a copy of this form for your records.

Payment of Group Life Insurance Benefits

- If you name your estate, a trust, or one beneficiary (and that one beneficiary survives you), payment will be made in full as designated after your death.
- If you name more than one beneficiary, payment will be made in equal shares to the named beneficiaries who survive you (or in full to the survivor if only one beneficiary survives you), unless you enter a specific percentage for each person.
- If no named primary or contingent beneficiary survives you, payment will be made to your estate, unless otherwise provided in the Group Policy.
- Consider discussing your beneficiary designations with your attorney when completing this form. The Benefits Office cannot provide legal advice.



Questions?

If you have any questions, view the Benefits Office Web site at www.umich.edu/~benefits, or call the HR/Payroll Service Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the

How to Return Your Signed and Completed Form

By FAX

Fax it to 734-763-0363.

Keep a copy of the fax transmission report with your form in your records.

By Mail

Make a copy for your records and send the original by **Campus Mail or U.S. Mail** to:
HRRIS Benefits Transaction Team
4073 Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1281

Drop It Off In Person

Bring a photocopy of your completed form and ask the receptionist to stamp the copy "received" for your records.

U-M Ann Arbor
HR Service Center
Wolverine Tower – Low Rise G250
3003 South State Street
Ann Arbor, MI 48109-1278

U-M Flint
UHR – Flint
213 University Pavilion
303 East Kearsley Street
Flint, MI 48502-1950