

This designation will apply to the following Standard Insurance Company coverage if available to you through your institution: Life with Accidental Death & Dismemberment (AD&D) Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to the Program Director during your lifetime. Return the completed form to your Program Director who is responsible for this program.

MEMBER INFORMATION

Your Name (Last, First, Middle)	Social Security No.		
Your Address	City	State	Zip
Institution Name	Group No.		

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.

Primary – Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Contingent – Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Signature of Member/Employee		Date		

Program Director – Retain for your records.