

**INSTRUCTIONS FOR COMPLETING THE GROUP TERM LIFE INSURANCE CARD**

**RETURN ORIGINAL ONLY TO:** Insurance & Retirement Section  
Office of Global Personnel

**FRONT (single - sample)**

EMPLOYER COMPLETES INFORMATION IN SHADED AREAS

**GROUP INSURANCE PROGRAM**

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ENROLLMENT       CHANGE OF BENEFICIARY      EMPLOYEE NO. \_\_\_\_\_

Employer			Social Security Number	Employee Life Ins. Amt.
_____			221-12-1212	\$ _____
Name of Employee			Date of Full Time Employment	Insurance Effective Date
Doe                      Robert                      L.			_____	_____
Last Name	First Name	Initial	Sex	Your Date of Birth: 2/14/78
			<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Spouse's Date of Birth: _____

**BENEFICIARY DESIGNATIONS: EMPLOYEE LIFE INSURANCE**

Primary Beneficiary Name (s)	Date of Birth	Relationship	Social Security No.
Doe, Jane S.	3/23/1952	Mother	292-13-1818
Doe, John L.	2/14/1952	Father	292-13-8080
Secondary Beneficiary Name (s)	Date of Birth	Relationship	Social Security No.
To the estate of Robert L. Doe	_____	_____	_____
_____	_____	_____	_____

CAREER     ASSOCIATE     RETIRED     OTHER-SPECIFY \_\_\_\_\_

I hereby request my employer to arrange for the issuance of the insurance to which I am now entitled, under the terms of the group policy.

Date Signed  ① \_\_\_\_\_      Employee's Signature  ② \_\_\_\_\_

Date Signed \_\_\_\_\_      OGP Approval \_\_\_\_\_

1110 (7/2009)

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If any information is listed on this page, please sign and date.

**BENEFICIARY DESIGNATIONS: (continued)**

Primary Beneficiary Name (s)	Date of Birth	Relationship	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____
Secondary Beneficiary Name (s)	Date of Birth	Relationship	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____

**Employer use-shaded area**

Date Signed  ③ \_\_\_\_\_      Employee's Signature  ④ \_\_\_\_\_

**IMPORTANT - PLEASE READ**

This form is considered a legal document.

1) Please do not white out, mark through or make any corrections under the Beneficiary part of this document.

- 2) Be sure to use full names. Do not list a person as Mrs. J. L. Doe or Mrs. John L. Doe. List the name as Jane S. Doe
- 3) For single people, the most common beneficiary would be the parents, siblings, or children over 18.
- 4) For married people, the most common designation of a beneficiary would be their spouse.

For married couples with minor children, a will, and a guardian chosen, the most common beneficiary is your spouse as your primary and your estate as secondary. This will ensure that your minor children receive benefits through someone you have chosen and not someone appointed by the courts. If you don't have a will, you may leave the secondary beneficiary blank until you have consulted an attorney.

If your children are no longer minors, it is acceptable to list them as primary or secondary beneficiaries.

- 5) Be sure to sign and date the back of the form if you need to list more than 3 secondary beneficiaries.
- 6) First complete, sign and date the top portion. If you have information on the back, sign and date the lower portion also.

If you have any questions or need further assistance, please contact your Insurance & Retirement Section representative as follows:

Kathy Jones at  
kjones@imb.org Ext. 1432