

INSTRUCTIONS FOR COMPLETING THE GROUP TERM LIFE INSURANCE CARD

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

FRONT (couple - sample) (one needed for each spouse)

EMPLOYER COMPLETES INFORMATION IN SHADED AREAS		GROUP INSURANCE PROGRAM	
<input type="checkbox"/> ENROLLMENT <input type="checkbox"/> CHANGE OF BENEFICIARY		EMPLOYEE NO. _____	
Employer _____ Name of Employee: Doe John L. <small>Last Name First Name Initial</small>		Social Security Number 221-12-1212	Employee Life Ins. Amt. \$ _____
		Date of Full Time Employment _____ Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Insurance Effective Date _____ Your Date of Birth: 2/14/52 Spouse's Date of Birth: 3/23/52
BENEFICIARY DESIGNATIONS: EMPLOYEE LIFE INSURANCE			
Primary Beneficiary Name (s) Doe, Jane S.	Date of Birth 3/23/52	Relationship wife	Social Security No. 292-13-1818
Secondary Beneficiary Name (s) To the estate of John L. Doe	Date of Birth _____	Relationship _____	Social Security No. _____
<input type="checkbox"/> CAREER <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> RETIRED <input type="checkbox"/> 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 X (1) _____	Employee's Signature X (2) _____		
Date Signed _____ 1110 (7/2009)	OGP Approval _____		
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 X (3) _____	Employee's Signature X (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:

- Long term personnel - Kathy Jones at Ext. 1432
- Short term personnel - Evelyn Toler at Ext. 1445