

INSTRUCTIONS FOR COMPLETING THE GROUP TERM LIFE INSURANCE CARD

Return to: Insurance & Retirement Section
Office of Global Personnel

PDF FORM INSTRUCTIONS

P Complete this electronic form in ONE sitting.

P You will NOT be able to save your work or return this file as an e-mail attachment

P Using your mouse, move the cursor to the desired field, or use the TAB key to move to the next field.

P What you see is what will print. Please check carefully.

P Print it out and return to the Insurance & Retirement Section, Office of Global Personnel.

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 1432

EMPLOYER COMPLETES
INFORMATION IN
SHADED AREAS

GROUP INSURANCE PROGRAM

ENROLLMENT

CHANGE OF BENEFICIARY

EMPLOYEE NO. _____

Employer _____		Social Security Number _____	Employee Life Ins. Amt. \$ _____
Name of Employee _____		Date of Full Time Employment _____	Insurance Effective Date _____
Last Name _____	First Name _____	Initial _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Your Date of Birth: _____ Spouse's Date of Birth: _____

BENEFICIARY DESIGNATIONS: EMPLOYEE LIFE INSURANCE

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

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 _____ Employee's Signature _____
 Date Signed _____ OGP Approval _____
 1529 (7/2009))

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. _____

INSURANCE EFFECTIVE DATE	EMPLOYEE LIFE	DEPENDENT LIFE

Date Signed _____ Employee's Signature _____