

MICHIGAN STATE UNIVERSITY
BENEFICIARY DESIGNATION FORM

EMPLOYEE/RETIREE NAME _____, _____ Soc. Sec. # _____
LAST NAME FIRST NAME

CAMPUS OR HOME ADDRESS _____

Employee/Retiree Signature *Date*

Please read the instructions on the reverse side before designating your beneficiaries below

Mark this box if you wish to have the same beneficiary (ies) for all the life insurance coverages or which you are eligible.

I. Basic Employer-Paid Life Insurance

Primary Beneficiary(ies) – Name(s): _____ Relationship to you _____

Contingent Beneficiary(ies) – Name(s), if any: _____ Relationship to you _____

II. Business Travel Accident Insurance

Primary Beneficiary(ies) – Name(s): _____ Relationship to you _____

Contingent Beneficiary(ies) – Name(s): _____ Relationship to you _____

III. Optional Employee-Paid Life Insurance

Primary Beneficiary(ies) – Name(s): _____ Relationship to you _____

Contingent Beneficiary(ies) – Name(s), if any: _____ Relationship to you _____

IV. Voluntary Accidental Death & Dismemberment

Primary Beneficiary(ies) – Name(s): _____ Relationship to you _____

Contingent Beneficiary(ies) – Name(s), if any: _____ Relationship to you _____

INSTRUCTIONS

To designate your beneficiaries, complete the reverse side of this form and return to the Benefits Office, 1407 S. Harrison Road, Ste. 140, Michigan State University, East Lansing, MI 48823-5287, fax # 517-353-1869.

IF YOU WISH TO HAVE THE SAME BENEFICIARY (IES) FOR ALL THE INSURANCE COVERAGES FOR WHICH YOU ARE ELIGIBLE, please mark the box near the top on the reverse side of this form. Then you need only designate your beneficiary (ies) once on the form.

Give last name, first name and middle initial: *Smith, Mary A. (not Mrs. John Smith)*. For your children, please list each child by name along with the amount or percentage that child is to receive upon your death.

If two or more beneficiaries are to share jointly, the last name entered should be followed by the percentage each beneficiary is to receive. If one beneficiary predeceases the employee, then the remaining beneficiaries will share the deceased beneficiary's share of the proceeds equally. Please note that surviving an employee is a requirement to being entitled to the life insurance benefit due on a deceased employee.

If no primary beneficiary is living at the time of your death, the proceeds are payable to the contingent beneficiary. If neither the primary nor contingent beneficiary (ies) survive the employee, the life insurance benefit is payable in accordance with the contract. For MSU, any amount of insurance under a coverage for which there is no beneficiary at the employee's death will be payable to the first of the following: (a) surviving spouse; (b) surviving child(ren) in equal shares; (c) surviving parents in equal shares; (d) surviving siblings in equal shares; (e) estate.

If additional space is needed to designate your beneficiaries, please attach a separate sheet. Be sure to sign and date the attachment.

For further information regarding your benefits plans, please contact the Benefits Office at (517) 353-4434 or 1-800-353-4434 or e-mail benefitsinfo@hr.msu.edu.

INSURANCE PLANS – Refer to respective brochures for detailed information.

- I. **Basic Employer-Paid Life Insurance**
Provided by the University. The benefit is equal to annual base salary up to the maximum.
- II. **Business Travel Accident Insurance**
Provided by the University while traveling on University business.
- III. **Optional Employee-Paid Life Insurance**
Optional life insurance. Terminates at age 70 (unless employment at MSU continues past age 70). Coverage for eligible dependents also available.
- IV. **Voluntary Accidental Death & Dismemberment**
Optional coverage for accidental death or dismemberment. Family coverage also available.