

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 policies for 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. 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 it to the Benefits Office, 1407 S. Harrison, Ste. 140A, Michigan State University, East Lansing, MI 48823-5287, fax # 517-353-1869.

IF YOU WISH TO HAVE THE SAME BENEFICIARY (IES) FOR ALL THE POLICIES 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, you may simply use the term "My Children" and leave the Relationship column blank. This term will provide equal treatment among your children (present and future) born of any and all marriages and any children legally adopted at any time.

If two beneficiaries are to share jointly, the last name entered should be followed by the words "Equally or to the Survivor." If three or more beneficiaries are to share jointly, the last name entered should be followed by the words "The Survivor or Survivors Equally."

If no primary beneficiary is living at the time of your death, the proceeds are payable to the contingent beneficiary.

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 a maximum.

II. 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.