

# Personal Accident Insurance Plan

## Beneficiary Designation Form

Complete and return form to: Personal Accident Insurance Plan, University Human Resource Services, 400 E. 7th Street, Poplars E165, Bloomington, IN 47405.

### Employee Information:

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Campus: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ E-mail: \_\_\_\_\_

### Beneficiary Designation:

This is a(n):  Initial Beneficiary Designation  Change in Beneficiary Designation

The following beneficiary designation will apply to Personal Accident Insurance only. Fill in the name(s) of the beneficiaries you wish to have for your Personal Accident Insurance coverage. Indicate beneficiaries' month/day/year of birth, complete address, Social Security Number (SSN), and relationship to yourself. NOTE: Benefit percentages must equal 100% between all beneficiaries. Decimals and/or fractions will not be accepted.

#### Primary Beneficiary(ies):

Name:	DOB	Address	SSN	Relationship	%

#### Contingent Beneficiary(ies):

Name:	DOB	Address	SSN	Relationship	%

### Employee Certification:

Participants may change the above beneficiaries in accordance with the policy provisions.

I am aware that the beneficiary information included in this form becomes effective when delivered to Indiana University and will remain in effect until I deliver to the university another completed and signed Beneficiary Designation Form. I understand that I may change my beneficiary designation at any time and that it is my responsibility to make such changes.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*See reverse side for instructions.*

## Instructions

Please type or print, except where the participant's signature is required.

The full legal name of each beneficiary should be included. (For example, MARY E. SMITH, not M.E. SMITH or MRS. JOHN J. SMITH.) Also include the beneficiary's month/day/year of birth, complete address, and Social Security Number (SSN).

**Order of Payment and Division of Benefits** – Unless otherwise provided:

- a. Payment at my death is to be made to a Primary Beneficiary if he or she is then living. If there is no Primary Beneficiary living, then payment is to be made to a Contingent Beneficiary.
- b. If a Class of Beneficiaries contains more than one person, the benefits due the Beneficiaries in such Class at my death are to be apportioned in equal shares to the then living Beneficiaries in the Class.
- c. Unless otherwise provided, if all Beneficiaries predecease me, all interest in the benefits will vest in me or my estate.

**Definition of Terms** – Unless otherwise provided, these terms have the meanings indicated:

*Children* – the children born of any and all marriages, and any children legally adopted at any time.

*Estate* – my duly appointed Executors or Administrators.

## Illustrative Beneficiary Designations

**1. Possible family situation:** Spouse as Primary Beneficiary and Children as Contingent Beneficiaries. (Names of guardians should not be stated.)

	Name	DOB	Address	SSN	Relationship	%
<b>Primary Beneficiary(ies)</b>	Martha B. Doe	1/1/50	12 W. St., Any Town, IN 47444	555-55-5555	Wife	100
<b>Contingent Beneficiary(ies)</b>	John K. Doe	7/1/78	12 W. St., Any Town, IN 47444	555-55-5555	Son	50
	Mary L. Doe	8/5/81	12 W. St., Any Town, IN 47444	555-55-5555	Daughter	50

**2. More than one beneficiary in a category:** Each to share equally in benefits.

	Name	DOB	Address	SSN	Relationship	%
<b>Primary Beneficiary(ies)</b>	Jane B. Smith	3/6/45	100 Main St., Any Town, IN 47444	555-55-5555	Sister	33
	Robert C. Black	5/24/50	15 First. St., Any Town, IN 47444	555-55-5555	Brother	33
	Hazel B. Gray	7/14/58	22 Park Ave., Other Town, IN 47444	555-55-5555	Sister	34

**3. Estate as beneficiary:** My estate

**4. Trustee named in inter vivos (living) trust agreement:** First Bank & Trust Co., Ohio, or its successors, as trustee under trust agreement dated October 10, 1985.

**5. Trustee named in your Will (testamentary trustee):** The trustee(s) qualified under my Last Will and Testament and/or any codicil thereto.

**6. Institution as beneficiary:** (Full legal name should be stated; also state whether the institution is a corporation.)