

To ensure that university records are up-to-date and reflect your current wishes, please complete this form, and distribute as indicated.

Faculty/Staff Member's Full Name: _____
First M.I. Last

OSU Employee ID Number (required) Birth Date (mm/dd/yyyy) Daytime Phone Number

Primary beneficiaries are the person(s) designated to be paid life insurance benefits upon your death.

Note: If a minor child is designated as a beneficiary, you may wish to establish a guardianship or trust, as children cannot access life insurance funds paid under this plan until age 18. Attach a separate sheet for additional beneficiaries. Designation percentage must equal 100.

Full Name (Last, First, MI) Relationship % designation

Birth Date (mm/dd/yyyy) Address

Full Name (Last, First, MI) Relationship % designation

Birth Date (mm/dd/yyyy) Address

Contingent (secondary) beneficiaries are paid only in the event that all designated primary beneficiaries are already deceased at the time of your death.

Note: If a minor child is designated as a beneficiary, you may wish to establish a guardianship or trust, as children cannot access life insurance funds paid under this plan until age 18. Attach a separate sheet for additional beneficiaries. Designation percentage must equal 100.

Full Name (Last, First, MI) Relationship % designation

Birth Date (mm/dd/yyyy) Address

Full Name (Last, First, MI) Relationship % designation

Birth Date (mm/dd/yyyy) Address

I revoke all previous beneficiary nominations, together with any settlement elections and make the nomination of beneficiary with respect to all insurance provided now or anytime in the future under the above Group Insurance Policy still reserving to myself the privilege of making other future changes subject to the Policy provisions. If no designated beneficiary survives me, settlement will be made as provided in the policy(ies). Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, including claiming persons who are not legal dependents or domestic partner as indicated below, is guilty of insurance fraud.

(Signature of Retiree) (Date Signed)

In the event of death, the designated beneficiary should notify this office.

Please complete and return the signed and dated original of this form to the Life Insurance Services office. You should give a copy to your Primary Beneficiary, as well as to your Contingent Beneficiary, and keep a copy with your valuable papers.

If you have additional questions about this benefit, please contact the Office of Human Resources, Life Insurance Services/Retiree, Suite 300, 1590 North High Street, Columbus, OH 43201-2190, benefits@hr.osu.edu, (614) 292-1050, or 1-800-678-6010 for more information.