



COMPLETE AND RETURN TO BENEFITS

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Life Insurance Beneficiary Designation Change Form

Effective Date: _____ (Office Use Only)

- New Beneficiary Designation
- Changing Information on Beneficiary Already in System

I. Employee Information

Name (please print): _____
(Last Name) (First Name) (MI)

Empl ID: _____ Social Security Number: _____

Department: _____ Extension: _____ E-mail: _____

II. Beneficiary Information

Please list beneficiaries you wish to designate under the Basic and/or Supplemental Life Insurance Plans. Please fill in percent of benefit for primary beneficiaries (percent total must equal 100) and contingent beneficiaries (percent total must equal 100). Payment will be made to the named primary beneficiary. Life insurance payments will go to a "contingent" beneficiary only if there is no surviving primary beneficiary. If there is no named beneficiary, or the named primary beneficiary and contingent beneficiary predeceased the insured, settlement will be made to your estate.

- Basic Life Insurance Plan

Name of Beneficiary (print first and last name)	Address (if beneficiary does not live with you)	Relationship	Birthdate (Required)	Gender	Social Security Number	% of Benefit	Type of Beneficiary
				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

- Supplemental Life Insurance Plan

Name of Beneficiary (print first and last name)	Address (if beneficiary does not live with you)	Relationship	Birthdate (Required)	Gender	Social Security Number	% of Benefit	Type of Beneficiary
				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

In the event of my death, I designate the above as my life insurance beneficiary(ies). **I hereby revoke any and all previous beneficiary designations.**

Signature: _____ **Date:** _____