

Group Life Insurance Beneficiary Designation Form

(Please print or type)

Employee: _____
Last Name
First Name
M.I.
Social Security Number

I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary and beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

PRIMARY BENEFICIARY DESIGNATION

Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage (whole numbers only, no fractions) of the proceeds you would like them to receive. Your total shares must equal 100%.

Name (First M.I. Last)	Relationship Code From List Below	Date of Birth	Address (Street, City, State, Zip)	Share %
Total = 100%				

CONTINGENT BENEFICIARY DESIGNATION (OPTIONAL)

Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage (whole numbers only, no fractions) of the proceeds you would like them to receive. Your total shares must equal 100%.

Total = 100%				

ACCEPTABLE RELATIONSHIP CODES

SPOUSE = P1	EMPLOYEE'S CHILD/STEPCHILD = P2	FATHER = P11
SAME-SEX DOMESTIC PARTNER = P13	CHILD OF SAME-SEX DOMESTIC PARTNER = P14	MOTHER = P12
DIVORCED SPOUSE = P10	COURT ORDERED DEPENDENT = P3	ALL OTHER PERSONS = P8

TRUST(EE) DESIGNATION

If you wish to name a Trust(ee) as beneficiary, complete one of the two Trust(ee) Designations *instead* of the Primary and Contingent Beneficiary sections. An inter vivos trust is a trust established during the life of the trustor (the person who creates the trust) for the benefit of the trustor or other living persons. If the trust is an inter vivos trust, check only the first Trust(ee) Designation Box, and complete the top Trustee designation. Note: An inter vivos trust must be a legally drawn agreement. If you wish to make a Trust(ee) under Will Designation, check only the second Trust(ee) Designation box. Note: A trust(ee) under will (or testamentary trust(ee)) must be established under the legally drawn last will and testament of the insured or owner (if assigned). **If you complete this section, do not complete the Primary or Contingent Beneficiary sections.**

Trustee Designation (applies only if a trust has been created in an executed trust agreement)

Name of Trust(ee) _____

Address _____ City _____ State _____ Zip _____

and successor(s) in trust, as Trustee(s) under _____

“Title of Agreement”

Dated _____ and executed by me and said Trustee(s).

Trust(ee) (Under Will) Designation (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine shall be admitted to probate. If for any reason whatsoever, no Trust(ee) under any such last Will and Testament shall be duly appointed, I hereby designate My Estate as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of the employer or insurer under the Group Policy.

I reserve the right to change the designated beneficiary(ies) at any time without his/her/their consent.

EMPLOYEE'S SIGNATURE _____ DATE _____

(OVER, PLEASE)

GENERAL BENEFICIARY INFORMATION

A. Your Beneficiary

The "Beneficiary" is the person or persons you choose to receive any benefit payable because of your death. You make your choice in writing on a form approved by us. This form must be filed with the records for This Plan.

You may change the Beneficiary at any time by filing a new form with the Employer. You do not need the consent of the Beneficiary to make a change. When the Employer receives a form changing the Beneficiary, the change will take effect as of the date you signed it. The change of Beneficiary will take effect even if you are not alive when it is received. A change of Beneficiary will not apply to any payment made by us prior to the date the form was received by the Employer.

If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance proceeds. Please take this into consideration when naming your beneficiary.

B. Trust(ee) Designation

If you plan to have the insurance proceeds distributed through a Trust, your Trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds.

C. Death of a Beneficiary

A person's rights as a Beneficiary end if:

1. that person dies before your death occurs; or
2. that person dies at the same time your death occurs; or
3. that person dies within 24 hours of your death.

The share for that person will be divided among the surviving persons you have named as Beneficiary, unless you have chosen otherwise.

D. No Beneficiary at Your Death

If there is no Beneficiary at your death for any amount of benefits payable because of your death, that amount will be paid to one or more of the following persons who are related to you and who survive you: 1. spouse; 2. child; 3. parent; 4. brother and sister. However, we may instead pay all or part of that amount to your estate. Any payment will discharge our liability for the amount so paid.

E. University's Travel Accident Policy

In the event of a claim under the University's Travel Accident Policy, this beneficiary designation will be used. If you want to change this information, please contact the Benefits Service Center at 410-516-2000 or email benefits@jhu.edu.

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in the insured's name and Social Security number.
2. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship code from the list of acceptable codes provided, the date of birth, address(es) (permanent residence) and percentage of the share (whole numbers only, no fractions; all shares must add up to 100%).
3. If you wish to name a Trust(ee) complete one of the two Trust(ee) Designations instead of the Primary and Contingent Beneficiary sections.
4. Sign and date the form in the spaces provided. Retain a copy for your records.
5. Return the completed form to the university Benefits Service Center.
 - Fax (preferred method): If you have access to a fax machine, please fax the form to 443-997-5820.
 - Mail: You may mail the form to the Benefits Service Center, 1101 E. 33rd Street, Suite D-100, Balto., MD 21218
 - Hand Deliver: You may drop off the form to the Benefits Service Center, JHU at Eastern, Suite D-100

If you wish to name more beneficiaries than this form provides for, make an additional copy. Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3, and 3 of 3.

Information on this page was taken in part from the MetLife plan booklet which can be downloaded from our web site at www.benefits.jhu.edu/insurance/insurance.cfm or you may obtain a copy of the booklet from the Benefits Service Center by calling 410-516-2000 or by email at benefits@jhu.edu.