JOHNS HOPKINS
UNIVERSITY

Beneficiary Designation Form Personal Accident and Group Travel Accident Insurance Only

(Please print or type)

Policy for which this designation is applicable (check all that apply):

Personal Accident Insurance, American Home Assurance Co. Policy # PAI 901.5637
Group Travel Accident Policy, Hartford Life & Accident Ins. Co., Policy # ETB 200122

Insured: _____

Last Name First Name Middle Initial

Social Security Number: _____

I request that all prior designations of beneficiary (if any) be revoked and that any benefits due by reason of my death be payable to the beneficiaries named below:

Full Name	Date of Birth	Relationship	Whole %
Primary Beneficiaries			
			Total 100%

Secondary Beneficiaries

_____

_____

_____

_____

Signature_____ Date: _____

Return the completed form to:

Office of Benefit Services
1101 E. 33rd St Suite D-100
Baltimore, MD 21218
Fax 443-997-5820