



Mark all boxes and complete all sections that apply. Return completed form to Human Resources.

	Your Name (Last, First, Middle)	Group Name		Policy Number	
INT		Vermont State Colleges		160339	
ICA	Address	City		State	Zip
PL.					
	Social Security #	Date of Birth	Gender	Job Title/Occupation	
A			☐ Male ☐ Female		
	Check with your Human Resources/Benefits Department about coverage options available to you and Evidence of Insurability				
	requirements.				
AI	✓ Male Female   Check with your Human Resources/Benefits Department about coverage options available to you and Evidence of In.				•

Life Insurance

☐ Basic Life and AD&D (Employer Paid)

LIFE INSURANCE

## **Beneficiary Information**

- \* Your designation revokes all prior designations.
- \* Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- \* If you name two or more Beneficiaries in a class:
  - 1. Two or more Beneficiaries will share equally, unless you provide for unequal shares.
  - 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  - 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- \* If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_\_."
- \* A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor
- \* Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.