



Group Term Life Insurance (GTLI) Beneficiary Designation

This form is to be used for designating the beneficiary(ies) who would receive a benefit from your university-provided Group Term Life Insurance Program (GTLI). Complete the applicable section(s) below and return to the Office of Human Resources as soon as possible.

SECTION I: PERSONAL INFORMATION (print or type)

Faculty/Staff Member's Full Name:

First	M.I.	Last	OSU Employee ID Number
Social Security Number		Birth Date (mm/dd/yyyy)	Daytime Phone Number

SECTION II: WAIVER OF ENTITLEMENT

Please send me an application to limit my GTLI benefit to \$50,000.

- Per IRS regulations, the value of employer-provided life insurance that exceeds \$50,000 is considered taxable income
 - To avoid this additional taxable income you may waive all life insurance above \$50,000 by completing a Waiver of Entitlement form available online at hr.osu.edu/benefits/lifeinsgtli.htm
 - To increase your coverage at a later date, medical Evidence of Insurability (EOI) and approval by Anthem, the life insurance carrier, will be required
- Consult your tax advisor for additional information about the taxability of life insurance benefits

SECTION III: PRIMARY BENEFICIARY(IES) *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.

Full Name (Last, First, MI)	Relationship	Birth Date (mm/dd/yyyy)	Social Security Number
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SECTION III: CONTINGENT BENEFICIARY(IES) *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.*

Full Name (Last, First, MI)	Relationship	Birth Date (mm/dd/yyyy)	Social Security Number
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SECTION IV: LIFE INSURANCE PROGRAM PROVISIONS

I hereby enroll for the insurance under the provisions of the group policy or policies (including any future amendments) issued by Anthem Life Insurance Company on the employees of The Ohio State University and its designated affiliates. 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 more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survives me, unless otherwise provided herein. If no designated beneficiary survives me, settlement will be made as provided in the policy(ies). All beneficiaries are considered primary unless I specify as contingent.

SECTION V: AUTHORIZATION

I hereby apply for the group term life insurance and certify that I agree to the provisions stated on this form.

Signature of Faculty/Staff Member	Date
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If you have questions, contact the Office of Human Resources Customer Service Center at service@hr.osu.edu, hr.osu.edu, (614) 292-1050, 1-800-678-6010.

Return completed form to: Office of Human Resources, Benefits Processing/Life, 1590 N. High St., Suite 300, Columbus, OH 43201-2190

