

Section I: Personal Information (print or type)

Faculty/Staff Member's Full Name	OSU Employee ID Number (Required)	
Birthdate	E-mail Address	Daytime Phone Number

Section II: Primary Beneficiary(ies) (Attach a separate sheet for additional beneficiaries)

Full Name (Last, First, MI)	Relationship	Birthdate	Social Security Number
Full Name (Last, First, MI)	Relationship	Birthdate	Social Security Number
Full Name (Last, First, MI)	Relationship	Birthdate	Social Security Number

Section III: Contingent or Secondary Beneficiary(ies) (Attach a separate sheet for additional beneficiaries)

Full Name (Last, First, MI)	Relationship	Birthdate	Social Security Number
Full Name (Last, First, MI)	Relationship	Birthdate	Social Security Number
Full Name (Last, First, MI)	Relationship	Birthdate	Social Security Number

Section IV: Life Insurance Program Provisions

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.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, including claiming persons who are not legal dependents or domestic partner as indicated below, is guilty of insurance fraud.

Section V: Authorization

I hereby apply for life insurance and certify that I agree to the provisions stated on the front and back of this card.

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

Return completed form to: The Ohio State University, Office of Human Resources, Benefits Processing/Life, Suite 300, 1590 North High Street, Columbus, OH 43201-2190.

Keep a copy of the completed form for your records.