

Retiree Group Term Life Insurance Beneficiary Designation

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

SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First	M.I.	Last	OSU Employee ID# (required)
Birth Date (mm/dd/yyyy)	Daytime Phone Number		

SECTION 2: 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. Total designations for primary beneficiaries should equal 100 percent.

Full Name: First	M.I.	Last	Relationship	% Designation
Birth Date (mm/dd/yyyy)	Address			
Full Name: First	M.I.	Last	Relationship	% Designation
Birth Date (mm/dd/yyyy)	Address			

SECTION 3: 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. Total designations for contingent beneficiaries should equal 100 percent.

Full Name: First	M.I.	Last	Relationship	% Designation
Birth Date (mm/dd/yyyy)	Address			
Full Name: First	M.I.	Last	Relationship	% Designation
Birth Date (mm/dd/yyyy)	Address			

SECTION 4: 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 Minnesota 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 any time 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 5: AUTHORIZATION

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

Signature of Employee	Date
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For additional information, contact the Office of Human Resources Customer Service Center at:
service@hr.osu.edu, 614-292-1050, 800-678-6010 or visit hr.osu.edu.

You should give a copy to your beneficiaries and keep a copy with your valuable papers.
In the event of death, the designated beneficiary should notify this office.

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