

- SM
- CT
- MP



- Application
- Beneficiary Change

Non-Contributory GROUP LIFE INSURANCE for YALE UNIVERSITY RETIREES

Name: _____
First
Middle Initial
Last

Soc. Sec. No.: _____ - _____ - _____ Birth date: _____ - _____ - _____

Department: _____ Job Title: _____

Hire Date: _____ - _____ - _____ Retirement Date: _____ - _____ - _____

<u>Primary Beneficiary (ies):</u>	<u>Relationship</u>	<u>SSN:</u>	<u>DOB:</u>	<u>Address:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Contingent Beneficiary (ies):</u>	<u>Relationship</u>	<u>SSN:</u>	<u>DOB:</u>	<u>Address:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provisions of Group Life Insurance

* Unless otherwise provided, where two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries, if surviving the insured, or to the survivor or survivors. If no beneficiary survives, payment will be made in accordance with the terms of the policy.

This designation revokes any and all previous designations. The right to further change the beneficiary is reserved unto the insured.

Signature: _____ Today's date: _____

* I ACCEPT THE PROVISIONS STATED ABOVE

This section to be completed by the Benefits Office
 Processed by: _____ Date: _____