

MichiganTech
LIFE INSURANCE FORM

Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Marital Status: Single Married Divorced Widowed Sex: Male Female

DESIGNATION OF BENEFICIARY

Name: _____

Address: _____

Date of Birth: _____ Relationship to Employee: _____

If the Beneficiary dies before me, I designate as contingent beneficiary:

Name: _____

Address: _____

Date of Birth: _____ Relationship to Employee: _____

- If there is more than one beneficiary, or more than one contingent beneficiary, they will share the death benefits equally, or all will be paid to the survivor.
 - I RESERVE the right to change this designation at any time.
-

Signature: _____

Date: _____