

# *MichiganTech*

## **LIFE INSURANCE FORM**

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Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_

Marital Status:    Single    Married    Divorced    Widowed      Sex:    Male    Female

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### **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.
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_