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FIRMLY with ballpoint pen.

State of Michigan
Department of Management and Budget
OFFICE OF THE STATE EMPLOYER
**LIFE INSURANCE AND ACCIDENTAL DUTY DEATH
BENEFICIARY DESIGNATION CHANGE FORM**

A portion of this information is protected by federal and privacy laws and/or state confidentiality requirements.

EMPLOYEE DATA	EMPLOYEE ID NUMBER	SOCIAL SECURITY NO.	INSU DEDUCTION CODE	FOR PERSONNEL USE ONLY EFFECTIVE DATE	UNIT CODE	DEPT/AGENCY
NAME (LAST)	(FIRST)			(MIDDLE INITIAL)	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS			CITY		STATE	ZIP

LIFE INSURANCE BENEFICIARY DESIGNATION – Subject to the terms of the Group Policy, I request the following as my designated beneficiary(ies).

LIFE INSURANCE BENEFICIARY(IES)					
LAST	NAME OF BENEFICIARY FIRST	MI	RELATED TO ME AS	ADDRESS OF BENEFICIARY	PERCENT SHARE IF NOT EQUAL

ACCIDENTAL DUTY DEATH BENEFICIARY DESIGNATION - Subject to the terms of the Group Policy, I request the following as my designated beneficiary(ies).

ACCIDENTAL DUTY DEATH BENEFICIARY(IES)					
LAST	NAME OF BENEFICIARY FIRST	MI	RELATED TO ME AS	ADDRESS OF BENEFICIARY	PERCENT SHARE IF NOT EQUAL

CONTINGENT BENEFICIARY (SEE DEFINITION ON REVERSE)

FOR BOTH LIFE INSURANCE AND ACCIDENTAL DUTY DEATH BENEFICIARY DESIGNATIONS, IF MORE THAN ONE BENEFICIARY IS NAMED, THE BENEFICIARIES SHALL SHARE EQUALLY UNLESS OTHERWISE STATED ABOVE. If any named beneficiary dies before me, the share which that beneficiary would have received shall be payable equally to the remaining designated beneficiary(ies) who survive me unless otherwise stated above. But, if no designated beneficiary survives me, the beneficiary shall be determined as described on the reverse side of this form. This Designation of Beneficiary is subject to change as provided in said Group contract(s).

I have read and agree to the applicable terms and conditions stated on the reverse side of this beneficiary form.

SIGNATURE OF EMPLOYEE

DATE

DISTRIBUTION:

White – Personnel

Canary – Employee

INSTRUCTIONS
(PLEASE READ VERY CAREFULLY)

USE THIS FORM IF –

- You want to designate a different beneficiary from any previous beneficiaries.
- Any or all of your previously designated beneficiaries have died.
- You get a divorce, and you wish to change your beneficiary.

NOTE: Divorce automatically cancels a spouse's beneficiary designation. If you want to keep your ex-spouse as a beneficiary, you must file a new form, with "ex-spouse" or "friend" in the "Related To Me As" column in the designation section.

WHO CAN BE NAMED AS A BENEFICIARY –

- Any person or institution – **except** a funeral home.

HOW TO LIST A BENEFICIARY ON THIS FORM –

- If a married woman is to be named as a beneficiary for Employee Coverage benefits, her full given name should be shown – for example, Mary J. Smith, not Mrs. John H. Smith. Likewise, if the employee is a married woman, she should sign her full given name.
- When two or more beneficiaries are named for Employee Coverage benefits and they are not to share equally, the percentage each beneficiary is to receive should be shown. Dollars and cents should not be specified.

IF YOU WANT TO NAME A CONTINGENT BENEFICIARY –

- An employee may designate a "contingent beneficiary" who should receive Employee Coverage benefits in the event the named beneficiary(ies) die(s) before the employee. Otherwise, if the named beneficiary dies before the employee and no "contingent beneficiary" is named, Employee coverage benefit amounts will be paid as follows:

First, to the employee's spouse, if living;
Otherwise, equally to the employee's natural and adopted child(ren);
Otherwise, equally to the employee's surviving parents;
Otherwise, equally to the employee's brother(s) and sister(s);
Otherwise, to the employee's estate.

Accidental Duty Death Insurance

Accidental Duty Death insurance is a benefit for all employees who are eligible for life insurance. This insurance pays \$100,000, in addition to the employee's regular group life insurance, if an employee's death results from accidental personal injuries arising out of or in the course of state service, and the employee's death occurs within 180 days of the accident.

Direct any questions and the completed form to your Personnel Office.

PERSONNEL OFFICE

When an employee transfers, send this form to the new department.
When an employee retires, send this form to the Retirement System.