

To Be Completed By Human Resources

Group Number 137985	Division		Billing Category	
Class C5	Hours Worked Per Week	Date of Hire/Rehire	Date of Employment	Date of Retirement

To Be Completed By Applicant ☐ Apply for Coverage ☐ Beneficiary Change **Complete Beneficiary Section.** ☐ Name Change

Your Name (Last, First, Middle)		Your Social Security Number	Birth Date	Gender	
Your Address			City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change.</i>			Phone Number		

Employer Name Rector and Visitors of the University of Virginia	Job Title/Occupation
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Coverage Check with your Human Resources Department about coverage options, minimum and maximums available to you, and if applicable, Evidence of Insurability requirements.

Life Insurance

☒ Basic Life (Employer Paid)

Beneficiary *This designation applies to your Life Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered to the Employer in accordance with the terms of the Group Policy during your lifetime.*

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

***Total must equal 100%**

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

Return completed form to your Human Resources Department.