



Group Term Life Insurance/AD&D Beneficiary Change Form

Please print and use ink when completing this form.

Employee Name (Last, First, MI)

Employee S.S.#

I wish to change the beneficiary designation for the university paid group life and accidental death and dismemberment coverage as indicate below. I understand that this beneficiary designation replaces any other designation I may have submitted to Kent State University earlier.

BENEFICIARY DESIGNATION

PRIMARY

Full Name	S.S.#	Relationship	Percentage of Benefit *

SECONDARY

Full Name	S.S.#	Relationship	Percentage of Benefit *

* Unless otherwise noted, if two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries.

Signature

Date