

**INDIVIDUAL AND FAMILY GROUP TERM LIFE INSURANCE
 BENEFICIARY DESIGNATION**

EMPLOYEE INFORMATION

Last name	First name	Middle initial	Social Security number	
Street address		City	State	Zip code

Be sure your insurance is paid to the beneficiary of your choice. Even if you are satisfied to have your insurance paid to the standard sequence of beneficiaries, you may expedite settlement by naming your beneficiary. The standard sequence of beneficiaries is listed at the end of this form.

Unless otherwise indicated, if two or more primary beneficiaries or contingent beneficiaries are designated, any payment to them shall be made in equal shares or to the survivors in equal shares or all to the last survivor.

EMPLOYEE COVERAGE

Primary Beneficiary Name & Address	Relationship

If primary beneficiary(ies) does not survive me, then to:

Contingent Beneficiary Name & Address	Relationship

Standard Sequence of Beneficiaries

If there is no eligible beneficiary or you do not name one, we will pay the death benefit to:

- 1) the insured's spouse or domestic partner, if living; otherwise
- 2) the insured's surviving children, equally, otherwise;
- 3) the insured's surviving parents, equally, otherwise;
- 4) the insured's surviving grandchildren, equally, otherwise;
- 5) the insured's surviving siblings, equally, otherwise;
- 6) the insured's estate.

Proceeds payable under spouse, domestic partner and child coverage are payable to the insured employee if living, otherwise to the insured employee's estate.

Insured employee signature X	Date
--	------

**Retain a copy for your records and mail original to: University of Wisconsin System,
 Human Resources & Workforce Diversity, 780 Regent Street, Suite 305, Madison, WI 53715**