



University of Wisconsin System

Accidental Death & Dismemberment (AD&D) Insurance
Zurich American Insurance Company
Policy GTU 8364005



Beneficiary Designation

Employee / Policy Holder Information
Applicant Name (Last, First, Middle) Employee ID
Address (Street, City, State, Zip Code)
It is important that you ensure your death benefit is paid to the beneficiary of your choice.
Primary Beneficiary: Any benefits payable under this policy at my death shall be paid in equal shares, unless otherwise specified, to the following primary beneficiary(ies) who survive me.
Secondary Beneficiary: In the event the primary beneficiary(ies) die before me, the death benefit shall be paid in equal shares, unless otherwise specified, to the following secondary beneficiary(ies) who survive me.
Standard Sequence of Beneficiaries: If there is no eligible named beneficiary upon your death or you do not name a beneficiary, any death benefit will be payable 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 brothers and sisters, equally, otherwise;
5. the insured's estate.
I understand that this beneficiary designation supersedes and revokes any previous designation for loss of life under the above group accident policy.
Employee/Policy Holder Signature Date

Retain a copy of this form for your records and mail the original to:

Active Employees: University of Wisconsin System Administration, 780 Regent Street, Madison, WI 53715
Retired Employees: Hausmann-Johnson Insurance, PO Box 259408, Madison, WI 53715