



**University of Wisconsin System  
Accidental Death & Dismemberment Insurance  
Zurich American Insurance Company  
Policy GTU 8364005**



**Beneficiary Designation**

<b>Employee / Policy Holder Information</b>			
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. If you do not name a beneficiary, death benefits will be paid via the Standard Sequence of Beneficiaries listed below. Even if you are satisfied to have your insurance paid per the Standard Sequence of Beneficiaries, death benefits may be paid more quickly if you name a beneficiary.			
<b>Primary Beneficiary</b>	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.		
Name	Relationship	Address (street, city, state, zip)	
<b>Secondary Beneficiary</b>	In the event the primary beneficiaries die before me, the death benefit shall be paid in equal shares, unless otherwise specified, to the following secondary beneficiaries who survive me, if any.		
Name	Relationship	Address (street, city, state, zip)	
<b>Standard Sequence of Beneficiaries</b>			
If there is no eligible named beneficiary upon your death or you do not name a beneficiary, any death benefit will be payable to:			
<ol style="list-style-type: none"> <li>1. the insured's spouse or domestic partner, if living; otherwise</li> <li>2. the insured's surviving children, equally, otherwise;</li> <li>3. the insured's surviving grandchildren, equally, otherwise;</li> <li>4. the insured's surviving parents, equally, otherwise;</li> <li>5. the insured's surviving siblings, equally, otherwise;</li> <li>6. the insured's estate.</li> </ol>			
Death benefits for a covered family member are payable to the insured employee, if living. If the insured employee pre-deceases or dies at the same time as the covered family member, the benefit shall be paid to the insured employee's estate.			
I understand that this beneficiary designation supersedes and revokes any previous designation for loss of life under the above group accident policy.			
Insured's Signature <b>X</b>		Date	

**Retain a copy of this form for your records and mail the original to:**  
University of Wisconsin System, Human Resources & Workforce Diversity  
780 Regent Street Suite 224, Madison, WI 53715