



## Beneficiary Designation

Employee/Policy Holder Information		
Applicant Name (Last, First, Middle)		Employee ID
Date of Birth (Mo/Day/Yr)		
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.
Name (Last, First, Middle)	Relationship	Address (Street, City, State, Zip Code)
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.
Name (Last, First, Middle)	Relationship	Address (Street, City, State, Zip Code)
Employee/Policy Holder Signature*		Date

It is important that you ensure your death benefit is paid to the beneficiary of your choice. If you do not name a beneficiary, your death benefit 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.

### **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.

Death benefits for a covered family member are payable to the insured employee, if living. If the insured employee predeceases or dies at the same time as the covered family member, the benefit shall be paid to the insured employee's estate.

This beneficiary designation supersedes and revokes any previous designation for loss of life under the above group accident policy.

\* A computer generated signature is not acceptable unless verified by DocuSign or other authentication software.

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

**Active Employees:** University of Wisconsin System – Human Resources, 660 W Washington Ave, Suite 201, Madison, WI 53703

**Retired Employees:** Hausmann Group, PO Box 259408, Madison, WI 53725