



## Basic Group Life Insurance – Beneficiary Designation

It is important that Human Resources have a Beneficiary Designation on file for SMU-provided Basic Group Life Insurance as of your first day of employment. If you are unable to complete your new hire Benefits selections and Benefits Enrollment form on your first day, please complete this Beneficiary Designation form and submit it with the other forms you are required to bring to the Human Resources office on your first day.

You may choose one or more primary beneficiaries and one or more contingent beneficiaries. The Primary Beneficiary is the individual(s) designated as the first to receive the proceeds of your coverage upon your death. The Contingent Beneficiary is the individual(s) designated to receive the proceeds of your coverage in the event that the primary beneficiary dies before you do.

(PLEASE PRINT CLEARLY)

Primary Beneficiary(ies)				
Name	Relationship	SSN	Date of Birth	% of Benefit

Contingent Beneficiary(ies)				
Name	Relationship	SSN	Date of Birth	% of Benefit

Name: \_\_\_\_\_ SMU ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_