

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name Massachusetts Board of Higher Education		Group Number(s) 137863	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation	
LIFE	Life Insurance <input checked="" type="checkbox"/> Life Employer Paid					
DISABILITY	Long Term Disability <input checked="" type="checkbox"/> Employer Paid LTD					
BENEFICIARY	<i>This designation applies to Life Insurance available through your Employer. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.</i>					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
CHANGE	<i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i> <input type="checkbox"/> Name Change <input type="checkbox"/> Beneficiary Change Former name _____ <input type="checkbox"/> Other _____					
SIGNATURE	I wish to make the choices indicated on this form.					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	
Human Resources Department – Complete this section. Retain form for your records.						
Campus ID		Date of Hire or Rehire		Annual Salary \$ _____		
Campus Administrator Signature					Date (Mo/Day/Yr)	

Beneficiary Information

Your designation revokes all prior designations.

Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."

A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.

Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.