



NORTHWESTERN
UNIVERSITY

Beneficiary Designation Form

PERSONAL INFORMATION

NAME	Last	First	M.I.	EMPLOYEE ID # _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
CAMPUS ADDRESS	Department		Building	Room	Mail Code
DATE OF BIRTH: ___/___/_____	DATE OF HIRE: ___/___/_____	CAMPUS PHONE: (____) _____ - _____			
EMAIL ADDRESS:			HOME PHONE: (____) _____ - _____		

BENEFICIARY DESIGNATION Please specify a beneficiary(s), note the applicable insurance plan(s) and the relationship of the beneficiary.

Beneficiary 01

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Home Phone (____) _____ - _____	Street & Apt	Date of Birth	City	State Zip

Beneficiary 02

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Home Phone (____) _____ - _____	Street & Apt	Date of Birth	City	State Zip

Beneficiary 03

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Home Phone (____) _____ - _____	Street & Apt	Date of Birth	City	State Zip

Beneficiary 04 You may indicate additional beneficiaries on the reverse of this form. If you do please sign both sides of the form.

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Home Phone (____) _____ - _____	Street & Apt	Date of Birth	City	State Zip

AUTHORIZATION AND SIGNATURE

I certify that the information provided by me is correct. I have read and received a copy of the University's Basic Term and Supplemental Term Life Insurance Plans and Accidental Death & Dismemberment Insurance Plan and agree to comply with the provisions therein. In addition, if I have selected coverage under these plans, I authorize Northwestern University to deduct from my earnings until further notice my contribution for such coverage.

SIGNATURE

DATE

For Office Use Only: Effective Date



NORTHWESTERN
UNIVERSITY

Beneficiary Designation Change Form

Beneficiary 05

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life	<input type="checkbox"/> Primary Beneficiary	
		Date of Birth	<input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life		
Home Phone (____) ____ - _____	Street & Apt		City	State	Zip

Beneficiary 06

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life	<input type="checkbox"/> Primary Beneficiary	
		Date of Birth	<input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life		
Home Phone (____) ____ - _____	Street & Apt		City	State	Zip

Beneficiary 07

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life	<input type="checkbox"/> Primary Beneficiary	
		Date of Birth	<input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life		
Home Phone (____) ____ - _____	Street & Apt		City	State	Zip

Beneficiary 08

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life	<input type="checkbox"/> Primary Beneficiary	
		Date of Birth	<input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life		
Home Phone (____) ____ - _____	Street & Apt		City	State	Zip

Beneficiary 09

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life	<input type="checkbox"/> Primary Beneficiary	
		Date of Birth	<input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life		
Home Phone (____) ____ - _____	Street & Apt		City	State	Zip

Beneficiary 10

Name (Last, First MI)	Relationship:	Marital Status	<input type="checkbox"/> Basic Life	<input type="checkbox"/> Primary Beneficiary	
		Date of Birth	<input type="checkbox"/> Supplemental Life <input type="checkbox"/> Spouse Life <input type="checkbox"/> Dep Child Life		
Home Phone (____) ____ - _____	Street & Apt		City	State	Zip

AUTHORIZATION AND SIGNATURE

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SIGNATURE

DATE

For Office Use Only: Effective Date