

Life & AD&D Change of Beneficiary Form

1. Employee Data

Employee Name:	SSN:
Address:	City, State & Zip

2. Beneficiary Designations (

- I choose to designate all applicable Loyola University New Orleans sponsored group life insurances I have elected to my primary beneficiary listed below:**

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

If the primary beneficiary(ies) die before me, I designate the following contingent beneficiary(ies).

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

* Unless designated otherwise; payment will be made in equal shares or all to the survivor.

- I choose to designate all applicable Loyola University New Orleans sponsored group life insurances I have elected individually as listed below:**

University Paid Life and AD&D Primary Beneficiary(ies)

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

If the primary beneficiary(ies) die before me, I designate the following contingent beneficiary(ies).

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

Additional Basic Life Primary Beneficiary(ies)

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

If the primary beneficiary(ies) die before me, I designate the following contingent beneficiary(ies).

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

Additional Accidental Death and Dismemberment & (AD&D) Primary Beneficiary(ies)

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

If the primary beneficiary(ies) die before me, I designate the following contingent beneficiary(ies).

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

Optional Life Primary Beneficiary(ies)

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

If the primary beneficiary(ies) die before me, I designate the following contingent beneficiary(ies).

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

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Optional Accidental Death and Dismemberment (AD&D) Primary Beneficiary(ies)

Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%
If the primary beneficiary(ies) die before me, I designate the following contingent beneficiary(ies).				
Full Name (Last, First, Middle Initial)	Relationship	Date of birth	Address (Street, City, State & Zip)	*Share%

* Unless designated otherwise; payment will be made in equal shares or all to the survivor.

3. Employee's Signature

Signature

Date