

## **BENEFICIARY DESIGNATION FORM**

Group Term Life (GTL) and Accidental Death and Dismemberment (AD&D)

The University of Texas System = GF771778

The University of Texas System ■ GFZ71778						
INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE 1 Employee/Retired Employee Name			SSN or Benefits ID No.		Home Telephone Number	
Home Address			City		 Zip	
Home Address			, ity	State	Zip	
Indicate below which University of	Texas System	institution (U.T.	Institution) you are	with as an Employ	ee or a Retired Employe	ee
□ U.T. Arlington		. Tyler		nderson Cancer Cei		
U.T. Austin		. HSC Tyler		l Branch Galveston	iter riouston	
☐ U.T. San Antonio		. HSC Houston	_	estern Medical Cen	ter Dallas	
U.T. Dallas				Administration Aus		
☐ U.T. Rio Grande Valley	<b>_</b> 0.1	. Permian Basir	U.T. El Paso	i Auministration Aus	un	
Stephen F. Austin State University						
			otephen 1.7	Additi Otate Offivers	nty	
Primary Beneficiary means the pedivided in equal shares if multiple properties combination must equal 100%.  Contingent Beneficiary means the of the Insured's death.  Will or Trust as Beneficiary Designame of trust], under a trust agreed by will), you should recognize the podecause it is lost, contested or susprovide for this situation. **  Minors as Beneficiary Designation time of claim, payments may be delated a dependent dies, the employee is the Please note: Under Texas Law currof Texas System as a primary and corganization that is a separately ma **This information is not intended as BENEFICIARY DESIGNATION FOR	rimary beneficial e person or per gnation can be ment dated [dat ossibility that yo pended by a later of the beneficiary rent employees or contingent beinaged and units legal advice.	ersons who will reserve done by using the of trust]." If your will which water will). Claim the by using this decial issues rais of their life insults/retirees of The eneficiary. This quely taxable er Always consult.	I, unless otherwise in the following writter ou wish to designate as intended to creat to ayment delays can occument. However ance proceeds.  University of Texas prohibition does not an attorney before re-	f the primary benefic n statement: "To [nate a testamentary true a trust may not be n result if the benefic n, please note if your ations. ** <b>Depender</b> so are unable to list a n apply if the benefice em institution.	ages are listed, the total ciary is not living at the forme of trustee], trustee of strass beneficiary (i.e. of admitted to probate iary designation does not beneficiary is a minor and Beneficiary — In the noting in institution of The University is a non-profit ary designation.	al of time of the reated not at the event
Primary Beneficiary			Social Security #	,	ila Ababj	%
Timary Beneficiary	Dirtii Date	Relationship	oocial occurity #	Address		10
	1					
	$\longrightarrow$					+
	1					
	+					+-
	1					
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Address		%
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	1					
	+					+
The Blue Cross and Blue Shield on number. As required by BCBSTX completed form with Social Securand The University of Texas Syst Code) and other applicable law.	, Employees/l rity numbers t	Retired Employ o BCBSTX. Fu	ees of The Univer Ther disclosure of	sity of Texas Syst your Social Secur	em must submit this ity number by BCBST	
Employee/Retired Employee S	ignature				Date	
Important Note For Married Emplo other than your spouse as prima his or her rights to any communit signature. Payment of benefit m	ry beneficiary ty property int	, your spouse terest in the be	's consent will be enefits. We have	necessary to allov provided a space	your spouse to waiv	/e
Spousal Consent for Community spouse and understand that this						
Spouse Signature			Date	D Ei	nployee has no legal sp	oouse
Spouse Signature Return this completed form to: BCE	3STX - Benefic	iary Processing	Center - 701 E. 22nd	Street, Lombard, IL 60	)148	- 250
- Ph 866-628-2606 - Fax 877-361-766	31	, , , , , , , , , , , , , , , , , , , ,			-	