

LIFE INSURANCE BENEFICIARY FORM INSTRUCTIONS

Member/Employee Information

- Life insurance is made available to the CWRU postdoc employee only, not for their dependents
- Please fill out your name, and full address

Beneficiaries: Loved ones who will receive your life insurance money in the event of a tragedy/ your untimely death. This can be your spouse, mother, father, sister, brother, aunt, uncle, best friend, significant other, children. Please note: if you name your children as your life insurance beneficiary – please also include the name and contact information of an ADULT who will manage your child’s affairs in your absence.

1. **PRIMARY** – This is the first person/people who will receive your life insurance money in the event of a tragedy/ your untimely death.
 - a. Please provide complete contact information for all beneficiaries. Think: If something bad happened to me, how would the Office of Postdoctoral Affairs and Gallagher Benefit Services reach my loved ones?
 - b. If, for example, the best way to reach your loved ones is by email, please include that, even though it is not a required field on the form.
 - c. You can have as many primary beneficiaries as you wish. If you wish to name more than two people, please provide the full names, addresses, dates of birth, phone number, relationship and percentage of benefits on a separate sheet.
 - d. Please include the percentage of the benefit that each beneficiary should receive. If this information is not provided, it is assumed that the life insurance benefit will be split evenly between all primary beneficiaries listed.
2. **CONTINGENT** – this is the person/people who will receive your life insurance money in the event that your primary beneficiaries are no longer available.
 - a. Please provide complete contact information for all beneficiaries. Think: If something bad happened to me, how would the Office of Postdoctoral Affairs and Gallagher Benefit Services reach my loved ones?
 - b. If, for example, the best way to reach your loved ones is by email, please include that, even though it is not a required field on the form.
 - c. You can have as many contingent beneficiaries as you wish. If you wish to name more than two people, please provide the full names, addresses, dates of birth, phone number, relationship and percentage of benefits on a separate sheet.
 - d. Please include the percentage of the benefit that each beneficiary should receive. If this information is not provided, it is assumed that the life insurance benefit will be split evenly between all primary beneficiaries listed.

Signature: Please sign and date your life insurance beneficiary form.

Please note: this form can be updated as frequently as you wish as your situation changes.