



Employee Life Insurance Beneficiary Designation Form

Last Name	First Name	MI	Social Security Number
Department	Extension		

Designate your primary and/or contingent beneficiaries using this form. The beneficiaries that you designate will be the beneficiaries for your Basic Life, Supplemental Life, and AD&D benefits. Unless you specify otherwise, life insurance benefit payments will be divided equally amongst your primary beneficiaries. If no primary beneficiaries survive you, benefits will be paid to your contingent beneficiaries. ***The percentages marked for primary beneficiaries must total 100%.***

Name	Birth Date	SSN	Address	Relationship
	//___	__-__-__		<input type="checkbox"/> Primary ___% <input type="checkbox"/> Contingent ___%
	//___	__-__-__		<input type="checkbox"/> Primary ___% <input type="checkbox"/> Contingent ___%
	//___	__-__-__		<input type="checkbox"/> Primary ___% <input type="checkbox"/> Contingent ___%
	//___	__-__-__		<input type="checkbox"/> Primary ___% <input type="checkbox"/> Contingent ___%
	//___	__-__-__		<input type="checkbox"/> Primary ___% <input type="checkbox"/> Contingent ___%
	//___	__-__-__		<input type="checkbox"/> Primary ___% <input type="checkbox"/> Contingent ___%

I request that my life insurance beneficiaries be updated to reflect the information above. I understand that if I have completed more than one Beneficiary Designation form, the form dated most recent will apply.

Signature	Date
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Return completed form to: **DePaul University
Human Resources
1 E. Jackson Blvd.
Chicago, IL 60604**