

### Full-time Beneficiary Form

<b><i>Employee Information</i></b>			
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Employee Name (Last, First, M.I.) <i>Please print</i>	Employee No.	Social Security No.	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Home Address	City	State	Zip
Dept. Name	Location/Station	Hire Date	Full Time Date
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth	

<b>Life/AD&amp;D Insurance / Business Travel Accident</b>				
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Beneficiary Designation — Primary				
Relationship	Name (Last, First, M.I.) and Address	Social Security No.	Date of Birth	Distribution (% of Total Benefit) <i>Must Equal 100%</i>
Beneficiary Designation — Secondary				<i>Must Equal 100%</i>

<b><i>Voluntary Accident Insurance</i></b>				
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Beneficiary Designation — Primary				
Relationship	Name (Last, First, M.I.) and Address	Social Security No.	Date of Birth	Distribution (% of Total Benefit) <i>Must Equal 100%</i>
Beneficiary Designation — Secondary				<i>Must Equal 100%</i>

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Employee Signature
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Date