



Beneficiary Form

MEAS Basic Life/AD&D coverage

New Membership
 Change of Beneficiary
 Change of Name / **FORMER NAME REQUIRED** _____

THIS FORM AND COVERAGE ARE FOR MEAS MEMBERS ONLY.

LEGAL Last Name _____ LEGAL First Name _____ MI _____

EMPLOYEE ID # _____ Date of Birth _____

BASIC LIFE/AD&D INSURANCE

A \$10,000.00 basic life and ad&d insurance policy is provided with this membership (*subs/hourly employees, interns and residents not eligible for the insurance*). **MEAS members must be full-time or part-time, actively working 18.75 hours or more per week.**

In accordance with the conditions of the Basic Life Insurance and Accidental Death and Dismemberment Insurance (Group Policy #648015-C), I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following: **(Do not erase or attempt to make corrections; use a new form.)**

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Gender M/F	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL: 100%**
 In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Gender M/F	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL: 100%**
 If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

AGREEMENT AND SIGNATURES

To the best of my knowledge and belief, the information provided by me is true and complete. I have read or had read to me the contents of this form. I realize this application will become part of the insurance contract and that any false statements or misrepresentations may result in the loss of coverage provided.

I understand and agree that any insurance applied for will not take effect unless and until I have met MEAS membership requirements. I agree to notify the Mesquite Education Association in a timely manner of any change in beneficiary. Otherwise, I understand the beneficiary listed is the one who will receive the insurance proceeds.

I also understand that any person, who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Employee's Signature: _____ Date: _____

GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

Primary Beneficiary: Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in the name of the insured person or owner (employee information), location/campus and sign and date the form. DO NOT ERASE OR ATTEMPT TO MAKE CORRECTIONS ON THIS FORM; USE A NEW FORM.
2. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as "Nonrelative") and percentage of share (all shares must add up to 100%).
3. The owner of the coverage (the employee) should sign and date the form in the spaces provided. Retain a copy for your records.
4. Give the completed form to the Employer (RETURN FORM TO MEA OFFICE).

If you wish to name more beneficiaries than this form provides for, secure an additional copy. Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3 and 3 of 3.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.