SOUTHERN UTAH UNIVERSITY

STANDARD LIFE INSURANCE BENEFICIARY FORM

Group ID # 166274

View your current elections by viewing your after-tax deductions on your paycheck stub found on Employee Self Service (New Banner 9) and comparing deduction to the rate sheet.

Employee Name T#						
Employees Address						_
	Street		City	State	Zip	
Employee Date of Birth		Employee D	ate of Hire			
	ed by SUU, please provide Na		Snouge T#			
Spouse Name			Spouse 1#_			
Beneficiary This designation applies to y Insurance, if any, available t available through your Emp delivered in accordance witl	through your Employer. Th loyer, unless replaced by a	is designation al separate and la	lso will apply to yo ter designation. D	ur Supplemental Life	and Accident Insu	rance, if any,
D. 5 II.	Tall	1 505	1 51	CONTRA	% Totals mus	T .
Primary – Full Name	Address	DOB	Phone	SSN if known	Relationship	% of Benefit
						_
				I		
Contingent – Full Name	Address	DOB	Phone	SSN if known	Relationship	% of Benefit
Contingent – Full Name	Address	БОВ	FIIOTIE	33IV II KIIOWII	Relationship	70 Of Bellefit
			<u> </u>			
	contingent Beneficiary if you areficiaries in a class:	s you provide for un Beneficiaries in tha	nequal shares. at class survive, we wi	II pay each surviving Bene		
If only one Beneficiary in a cl If a minor (a person not of legany death benefit can be paid. Trustee under the trust agreem A power of attorney must grar consult your legal advisor.	If the Beneficiary is a trust or tru ent dated ." nt specific authority, by the terms	al death benefits to eneficiary, it may be stee, the written trus s of the document o	that Beneficiary. necessary to have a const must be identified in a population of the properties of th	guardian or a legal represon the Beneficiary designati ake or change a Beneficia	entative appointed by ion. For example, "Do	rothy Q. Smith,
Dependents Insurance, if any,	, is payable to you, if living, or as	s provided under yo	ur Employer's coveraç	ge under the Group Policy	'. 	
I wish to make the choices indic cost of insurance. I understand	•	•			ontribution, if requir	ed, toward the
Signature of Applicant/Er	mplovee			Dat	te	
Signature of Applicant/El				Da	te	