

This designation will apply to the following Standard Insurance Company coverage if available to you through your Employer: Voluntary Accidental Death & Dismemberment (AD&D) Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to The Standard at the address listed above.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)		Social Security No.	Date of Birth
Your Address			
City		State	Zip
Location/Campus <input type="checkbox"/> UA <input type="checkbox"/> UAH <input type="checkbox"/> UA System Office	Group Name The University of Alabama System	Group No. 643197	

VOLUNTARY AD&D INSURANCE – BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

PRIMARY – Full Name	Address	Date of Birth	Relationship	% of Benefit
CONTINGENT – Full Name	Address	Date of Birth	Relationship	% of Benefit
Signature of Member/Employee _____		Date _____		

Send the original completed form to The Standard at the address listed above and retain a copy for your records.