

**DESIGNATION OF BENEFICIARY FORM
BOSTON UNIVERSITY
SURVIVOR BENEFITS:
BASIC LIFE, SUPPLEMENTAL LIFE, SUPPLEMENTAL DEATH BENEFIT, AND
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Name _____ BU ID # _____

THIS DESIGNATION OF BENEFICIARY FORM SUPERSEDES ALL OTHER DESIGNATION OF BENEFICIARY FORMS.

In the event of my death, the proceeds from the basic life, supplemental life, supplemental death benefit and accidental death and dismemberment insurance plans shall be payable to the individual(s) listed below. Give first name, middle initial and last name. Please print clearly.

PRIMARY BENEFICIARY(IES):

Name and Address	Relationship	Date of Birth
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CONTINGENT BENEFICIARY(IES):

Name and Address	Relationship	Date of Birth
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Signature _____ Date _____

If no Primary Beneficiary is living at the time of your death, the proceeds from the named Plans will be payable to the Contingent Beneficiary (ies). If you name more than one person as a Primary or Contingent Beneficiary, the proceeds will be divided equally, unless otherwise indicated, among the named living beneficiaries.

Please submit completed form to: Human Resources, 25 Buick Street, Boston, MA 02215

2/2017

