



Basic Life Insurance (Including Accidental Death and Dismemberment Insurance) Beneficiary Designation Form

Name: _____ SSN or Duke Unique ID: _____

Date of Birth: _____ Last 5 digits of SSN: _____

Date of Employment: _____

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Amount of Group Life Insurance for which you are eligible (this benefit also includes an equal amount of Accidental Death and Dismemberment Insurance): \$10,000.

Beneficiary Designation:

Name	Date of Birth	Relationship
<i>Primary Beneficiary(ies)</i>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

<i>Contingent Beneficiary(ies)</i>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unless otherwise provided herein, if two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. The beneficiary designation with the most recent date, in good form and properly signed, constitutes the only effective designation. This benefit is subject to revision or revocation at any time by the University.

Signature

Date

Return to: Human Resource Information Center, Box 90496, 705 Broad Street, Durham, NC 27705 or Fax: (919) 668-6768