



# University of Alaska Beneficiary Designation

- Original       Married  
 Change       Single

MAU/Major Administrative Unit (select one)		Department
Last Name	First	M.
Employee ID		Work Phone

Page \_\_\_ of \_\_\_ (attach additional sheets if necessary)

### Basic Life Insurance (All benefit-eligible employees have this coverage)

1	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP
2	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP
3	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP

### Accidental Death and Dismemberment (AD&D) (Initial enrollment requires an Employee Selected Benefits Form B125)

1	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP
2	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP
3	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP

### Supplemental Life (Initial enrollment requires an Employee Selected Benefits Form B125)

1	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP
2	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP
3	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____	Name	Phone #	Relationship	
		Mailing Address	City	State	ZIP

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_