

MIDDLE GEORGIA STATE UNIVERSITY

Beneficiary Data Form (Life Insurance)

Employee Name:

Designation of **Primary** Beneficiary(ies)

Name:

Street Address:

City

State

Zip Code:

Phone:

Relationship to Employee:

Social Security #:

Date of Birth:

Gender:

Male Female

Percentage of benefits _____%

Designation of **Primary** Beneficiary(ies)

Name:

Street Address:

City

State

Zip Code:

Phone:

Relationship to Employee:

Social Security #:

Date of Birth:

Gender:

Male Female

Percentage of benefits _____%

Designation of **Secondary** Beneficiary(ies)

Name:

Street Address:

City

State

Zip Code:

Phone:

Relationship to Employee:

Social Security #:

Date of Birth:

Gender:

Male Female

Percentage of benefits _____%

Designation of **Secondary** Beneficiary(ies)

Name:

Street Address:

City

State

Zip Code:

Phone:

Relationship to Employee:

Social Security #:

Date of Birth:

Gender:

Male Female

Percentage of benefits _____%