



Beneficiary/Life/AD&D Change Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

SSN or Emp ID No. \_\_\_\_\_ Email \_\_\_\_\_

Phone (daytime) \_\_\_\_\_

Check the box and complete the section for change(s) you are requesting:

Discontinue Supplemental Life Insurance

I elect to cancel the supplemental optional Term Life Insurance. I will be covered only for the Basic Term Life provided by Vanderbilt. I further understand that if I wish to re-enroll in supplemental coverage, I will be required to complete a new application that will be subject to approval by Metropolitan Life Insurance Company and that I may be required to undergo a physical examination at my expense.

Change Supplemental Life Insurance Coverage\*

I elect to change my Supplemental Life Insurance to:

2 x salary

3 x salary

4 x salary

\* An increase to life insurance requires evidence of good health to be provided at employee's expense.

Life Insurance Beneficiary Change\*\*

Table with 4 columns: Name, %, Relationship to Employee. Rows for Primary Beneficiary and Total (100%).

Table with 4 columns: Name, %, Relationship to Employee. Rows for Contingent Beneficiary and Total (100%).

Accidental Death & Dismemberment (AD&D) Beneficiary Change\*\*

Table with 4 columns: Name, %, Relationship to Employee. Rows for Primary Beneficiary and Total (100%).

Table with 4 columns: Name, %, Relationship to Employee. Rows for Contingent Beneficiary and Total (100%).

\*\* Allocations to "Primary" beneficiaries must total 100% and allocations to "Contingent" beneficiaries must total 100%. (Contingent beneficiaries are paid if your primary beneficiaries are deceased when you die.)

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