



Beneficiary Change Form

Employee ID or Social Security # _____ Last Name _____ First Name _____ M.I. _____

Daytime Phone Number _____ Email _____

Life Insurance Beneficiary Change*

	Name	%	Relationship to Employee
Primary Beneficiary			
Primary Beneficiary			
Primary Beneficiary			
Primary Beneficiary			
Total		100%	

	Name	%	Relationship to Employee
Contingent Beneficiary			
Contingent Beneficiary			
Contingent Beneficiary			
Contingent Beneficiary			
Total		100%	

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

	Name	%	Relationship to Employee
Primary Beneficiary			
Primary Beneficiary			
Primary Beneficiary			
Primary Beneficiary			
Total		100%	

	Name	%	Relationship to Employee
Contingent Beneficiary			
Contingent Beneficiary			
Contingent Beneficiary			
Contingent Beneficiary			
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 _____

<i>Benefits Office Use Only</i>	
Pay Group	_____
ID #	_____
Eff Date	_____
Entered by	_____
Approved by	_____
Date Received in Benefits	_____

Mail form to: Vanderbilt HR Benefits, VU Station B #357700, 2301 Vanderbilt Place, Nashville, TN 37235-7700
or deliver form to: HR Express, 2525 West End Avenue, second floor, Nashville, TN 37203