



TRAVEL ACCIDENT INSURANCE

This insurance applies to travel on behalf of the College. All work related travel must be pre-approved by the employee's manager. Please complete, sign, and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). **This form cancels all prior designations.** If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three primary and/or contingent beneficiaries, please attach a separate sheet of paper. Return the completed form to Human Resources, 3rd Floor Haas.

Section I: Name of Employee (Please Print):

Last Name, First Name, MI

Section II: Primary Beneficiary(ies):

I choose the person(s) named below to be primary beneficiary(ies) of the Travel Accident Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary/ies.

Name	Address	Relationship	Social Security Number	Percentage (Total Must Equal 100%)

Section III: Contingent Beneficiary(ies):

If all primary beneficiary/ies are disqualified or die before me, I choose the person(s) named below as contingent beneficiary(ies).

Name	Address	Relationship	Social Security Number	Percentage (Total Must Equal 100%)

Section IV: Signature

Employee Signature

Date