

**INDIVIDUAL AND FAMILY GROUP TERM LIFE INSURANCE
 BENEFICIARY DESIGNATION**

Policy 32871-G

EMPLOYEE INFORMATION

Last name	First name	Middle initial	Social Security number	
Street address		City	State	Zip code

Be sure your insurance is paid to the beneficiary of your choice. Even if you are satisfied to have your insurance paid to the standard sequence of beneficiaries named in your insurance certificate, you may expedite settlement by naming your beneficiary. Please see the reverse side of this form for more information about the standard sequence of beneficiaries.

Unless otherwise indicated, if two or more primary beneficiaries or contingent beneficiaries are designated, any payment to them shall be made in equal shares or to the survivors in equal shares or all to the last survivor.

EMPLOYEE COVERAGE

Primary Beneficiary Name & Address	Relationship

If primary beneficiary(ies) does not survive me, then to:

Contingent Beneficiary Name & Address	Relationship

SPOUSE COVERAGE

Primary Beneficiary Name & Address	Relationship

If primary beneficiary(ies) does not survive my spouse, then to:

Contingent Beneficiary Name & Address	Relationship

DOMESTIC PARTNER COVERAGE

Primary Beneficiary Name & Address	Relationship

If primary beneficiary(ies) does not survive my domestic partner, then to:

Contingent Beneficiary Name & Address	Relationship

CHILD COVERAGE

Proceeds will be paid upon death of child to: 1) you, if living; otherwise 2) your spouse, if living; otherwise 3) your surviving children or your spouse's surviving children in equal shares; otherwise 4) your child's estate. Employee may name an alternative beneficiary by filing a separate document.

Insured employee signature X	Date
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**Retain a copy for your records and mail original to: University of Wisconsin System,
 Human Resources, 780 Regent Street, Suite 305, Madison, WI 53715**

Standard Sequence of Beneficiaries

If there is no eligible beneficiary or you do not name one, the insurance certificate provides a standard sequence of beneficiaries. Refer to the section "To whom will we pay the death benefit?" The following is a summary of the section. Please note that the term "spouse" does not include domestic partner in this section.

Employee Coverage

- 1) your lawful spouse, if living, otherwise;
- 2) your surviving children or your spouse's surviving children, in equal shares, otherwise;
- 3) your surviving parents, equally, otherwise;
- 4) your surviving grandchildren, equally, otherwise;
- 5) your surviving siblings, equally, otherwise;
- 6) the personal representative of your estate.

Spouse Coverage

- 1) you, the employee, if living, otherwise;
- 2) your surviving children or your spouse's surviving children, in equal shares, otherwise;
- 3) your spouse's estate.

Domestic Partner Coverage

- 1) you, the employee, if living.

If your domestic partner survives you, the contract does not provide for a standard sequence of beneficiaries. Therefore, you are strongly encouraged to designate a beneficiary.

Child Coverage

- 1) you, if living, otherwise;
- 2) your spouse, if living, otherwise;
- 3) your surviving children or your spouse's surviving children, in equal shares, otherwise;
- 4) your child's estate.