

Form can be completed on-line.  
Print and return to  
200 Grace Hall.

University of Notre Dame  
Group Life/Travel Accident Insurance Beneficiary Designation

<b>Name</b>	<b>NetID</b>
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**BENEFICIARY DESIGNATION FOR GROUP LIFE and TRAVEL ACCIDENT INSURANCE**

Primary Beneficiary Name & Address	Relationship	%

Contingent Beneficiary Name & Address	Relationship	%

Any previous designation of beneficiary on file is hereby revoked and I reserve the right to change, modify, or rescind this designation at any time by properly submitting a new Beneficiary Designation Form to the Office of Human Resources. I understand my request to add or change a beneficiary will take effect as of the date it is signed.

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

***Please return form to the Office of Human Resources  
200 Grace Hall***