



**BENEFICIARY DESIGNATION FORM
GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT
CRITICAL ILLNESS AND ACCIDENT INSURANCE**

Unum Life Insurance Company of America
Unum Insurance Company
Provident Life and Accident Insurance Company
The Paul Revere Life Insurance Company

Instructions: 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 (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

SECTION 1: Employee Information	
Name (Last Name, Suffix, First Name, MI)	Social Security Number
Policy Number(s)	Division Number(s)
Employer Name	Check the coverages listed below to which this beneficiary designation applies: <input type="checkbox"/> Basic Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accident <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> All

SECTION 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life 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).

1. Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Telephone: _____
 Social Security Number: _____
 Email address: _____
 Percentage: _____ (Total must equal 100% between all beneficiaries)
2. Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Telephone: _____
 Social Security Number: _____
 Email address: _____
 Percentage: _____ (Total must equal 100% between all beneficiaries)
3. Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Telephone: _____
 Social Security Number: _____
 Email address: _____
 Percentage: _____ (Total must equal 100% between all beneficiaries)



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SECTION 3: Contingent Beneficiary (ies)

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

1. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

2. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

3. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

SECTION 4: Signature

X _____ **Date** _____
Employee Signature

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Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- **Critical Illness** is insurance elected by you for which you pay the premium.
- **Accident** is insurance elected by you for which you pay the premiums.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.