



**Beneficiary Designation Form for Group Life and Group Accident Insurance**

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

Please fully complete this form and sign it if you wish to designate a beneficiary or if you want to change your existing beneficiary designation.

**Employee's Information:**

Name (First, Middle initial, Last)	Social Security Number
Name of current employer- Division University of Hartford	Policy Number (s) 129035

**Primary Beneficiary (ies):**

I designate the person(s) named below as my primary beneficiary (ies) to receive payment under the policy in the event of my death. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of my death, will pass to any remaining beneficiary (ies) in equal shares.

1.	_____ %			
Name _____	Date of birth _____	Relationship _____	Address 1 _____	_____ %
Social Security Number _____	Address 2 _____			
2.	_____ %			
Name _____	Date of birth _____	Relationship _____	Address 1 _____	_____ %
Social Security Number _____	Address 2 _____			
3.	_____ %			
Name _____	Date of birth _____	Relationship _____	Address 1 _____	_____ %
Social Security Number _____	Address 2 _____			

**Contingent Beneficiary (ies):**

I designate the person(s) below as my contingent beneficiary (ies) who will receive payment only if all primary beneficiary (ies) predecease me or are otherwise disqualified by law.

1.	_____ %			
Name _____	Date of birth _____	Relationship _____	Address 1 _____	_____ %
Social Security Number _____	Address 2 _____			
2.	_____ %			
Name _____	Date of birth _____	Relationship _____	Address 1 _____	_____ %
Social Security Number _____	Address 2 _____			
3.	_____ %			
Name _____	Date of birth _____	Relationship _____	Address 1 _____	_____ %
Social Security Number _____	Address 2 _____			

**Authorization and Signatures:**

By signing this document, I understand and agree to the following: This beneficiary designation revokes all prior designations. This beneficiary designation form will apply to my UnumProvident Insurance plan established in connection with my employer's plan. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary (ies) who survive(s) me or if the percentages listed do not add up to 100%, UnumProvident will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

_____ Employee Signature	_____ Date	_____ Witness Signature	_____ Date
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## Conditions

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Contract(s) by reason of my death shall be payable as prescribed in said Group Contract(s).
- If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, Unum of America, shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.

## Instructions

- If a mistake is made, line out the erroneous information, add the correct information and initial the correction. The printed material on this form should not be deleted or altered in any way.
- In all cases, the relationship of the beneficiary should be included with the beneficiary designation.
- If a married woman is named the beneficiary, her full given name should be shown. (For example: Mary J. Smith, not Mrs. John J. Smith. The same applies if the form is to be signed by a married woman.
- If a minor child is named beneficiary, the birth date along with the social security number must be given.
- When two or more are named beneficiaries, and they are not to share equally, enter the percentage each beneficiary is to receive on the form in the space provided. Dollars and cents should not be specified.
- If a trustee is named beneficiary, show the name of the trust name and address of the trustee and the date of the trust agreement. (For example: The John J. Smith Revocable Life Insurance Trust with the Trust Company of Hartford Connecticut, 456 Pearl Street Hartford, CT 06110, as Trustee under Trust Agreement Dated January 1, 2008.)
- **Signature of Employee** – Please sign and date the form. This form must also be signed and dated by a witness (who is not your designated beneficiary).

**Note:** All life insurance policies are term insurance and are discontinued upon separation of employment