

The University of Oklahoma Designation of Beneficiary Form

Select Campus Location: Norman Oklahoma City Tulsa

If you wish to change your existing beneficiaries or make a beneficiary designation for your Life or AD&D coverage, please complete all the relevant sections and return the signed copy to the Office of Human Resources. **Norman Campus** - Office of Human Resources - 905 Asp Ave., NEL 242, Norman, OK, 73019 - (405) 325-2963. **OKC Campus** - Office of Human Resources – SCB, Rm.122, P.O. Box 26901 OKC, OK 73126 (405) 271-2188, FAX (405) 271-3925. **Tulsa Campus** - Office of Human Resources - 4502 E. 41st. Street, Suite 1C114 - Tulsa, OK, 74135 - (918) 660-3190, FAX (918) 660-3200.

1 Employee Information				
Last		First:		Middle:
Home Address:				
City:		State:		Zip:
Employee SSN:	EMPL ID:	Work Phone #	Email Address:	

2 Life - Beneficiary Information (Please Print)							
Add	Drop	Beneficiary Name	Beneficiary SSN	Beneficiary Date of Birth	Relationship	Primary or Contingent ?	Percentage Allocation
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
Percentage Allocations of all beneficiaries must equal 100%							

3 AD&D - Beneficiary Information (Please Print)							
Add	Drop	Beneficiary Name	Beneficiary SSN	Beneficiary Date of Birth	Relationship	Primary or Contingent ?	Percentage Allocation
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
Percentage Allocations of all beneficiaries must equal 100%							

4 Employee Authorization.	
I represent the information contained on this enrollment form to be complete and accurate to the best of my knowledge. I have read and understand the above information. I designate the above named beneficiaries.	
Signature:	Date: