



## RETIREE BENEFICIARY DESIGNATION FORM

OSU would like to ensure that we maintain your most current information so your OSU life coverage and/or health insurance will continue uninterrupted.

<b>Name</b>			
<b>Birthdate</b>			
<b>Mailing Address</b> <input type="checkbox"/> Check here if address change and supply new address			
<b>Phone</b>			
<b>E-mail Address</b>			

If someone assists you with financial affairs, please provide their information below:

<b>Name (Print)</b>		<b>Relationship:</b>
<b>Address</b>	Address City, State, Zip	
<b>Phone</b>		
<b>E-mail Address</b>		

### RETIREE LIFE INSURANCE

Beneficiary designations become effective upon completion of this form. Any previous beneficiary designations become null and void with the proper completion of this form. In order to be valid, this form must be signed and dated prior to submitting it to OSU Benefits, 601 N Willis, PB# 8075, Stillwater, OK 74078.

#### PRIMARY BENEFICIARIES

NAME (Print)	ADDRESS, CITY, STATE & ZIP	RELATIONSHIP	BENEFIT % (must total 100%)

#### CONTINGENT BENEFICIARIES

NAME (Print)	ADDRESS, CITY, STATE & ZIP	RELATIONSHIP	BENEFIT % (must total 100%)

**CERTIFICATES OF INSURANCE:** Certificates of insurance and plan summary documents are available through your Human Resources office or at <https://hr.okstate.edu/benefits/retiree-benefits.html>. Please review your certificates of insurance and plan summary documents to gain an understanding of the specific coverage and limitations of this benefit plan.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(OFFICE USE)

Verified By:

Date: