



Term Life Insurance Beneficiary Form

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If you qualify in terms of eligibility, you are automatically enrolled into the dues term life insurance group policy. This benefit is at no additional cost to you.

Eligibility

- Are U.S. citizens (regardless of residence)
- Are non-U.S. citizens but are lawful permanent residents (LPRs) of the United States
- All membership classifications excluding student, affiliate company, facility, and friend

Benefits

Age	Life Insurance Benefit	AD & D Benefit
➤ Age 49 and under	\$10,000	\$10,000
➤ Age 50 – 64	\$5,000	\$5,000
➤ Benefits end at age 65		

We strongly encourage our members to update their beneficiary information on an annual basis to ensure their information is current.

If a beneficiary is not named, state law will govern the distribution of funds. Please take a moment and update your beneficiary information in the box below. Updates to beneficiary information will automatically replace any prior beneficiary designation(s). Surviving beneficiaries will be paid equally unless otherwise indicated.

Member Information

Member Name (Printed) _____
First Middle Last/Surname

Member Number _____ Date of Birth _____
MM/DD/YYYY

U.S. Citizen Yes No Lawful Permanent Resident

Annual Beneficiary Update

Primary Date of Birth & Relationship to Member

First Middle Last/Surname MM/DD/YYYY

First Middle Last/Surname MM/DD/YYYY

Contingent Date of Birth & Relationship to Member

First Middle Last/Surname MM/DD/YYYY

First Middle Last/Surname MM/DD/YYYY

First Middle Last/Surname MM/DD/YYYY

You must sign and date below in order to make your designation(s) official.

Signature of Member _____ Date _____