

# DESIGNATION OF BENEFICIARY LIFE AND AD&D INSURANCE

UPAY 718 (R5/99) University of California Human Resources and Benefits

## USING THIS FORM

Use this form to designate a beneficiary to receive death benefits from these insurance plans:

- University-Paid Life
- Employee-Paid Life
- Accidental Death and Dismemberment (AD&D)

**Designation of a beneficiary may have significant tax and inheritance consequences for your estate and for the beneficiary; consult your attorney or tax advisor for further information.**

**This beneficiary designation applies only to the insurance plans listed above. It does not apply to CalPERS employer-paid life insurance, business travel accident insurance, your retirement plan, or any other life or accident insurance. (CalPERS members: Name beneficiaries for University-Paid Life insurance on this form. Use CalPERS form 241 for the \$5,000 CalPERS benefit.)**

If you do not name a beneficiary under the University-Paid Life, Employee-Paid Life, or AD&D insurance plan, benefits will be paid (in order) to the following: your surviving spouse; or, if none, surviving children; or, if none, surviving parents; or, if none, surviving brothers and sisters; or, if none, to your estate.

Use this form only to name or change beneficiaries. It is **not** an enrollment form. Complete the appropriate form for your location to enroll in the plans for which you are eligible (enrollment in University-Paid Life insurance is automatic if you are eligible).

## COMPLETING THIS FORM

If you have questions or need assistance, call your local Benefits Representative or UC HR/Benefits Customer Service (1-800-888-8267).

- **General Instructions:** Type this form or complete it in ink. This is a legal document, so erasures or other corrections (including cross-outs) will not be accepted. **Other than a trust agreement, attachments are not acceptable.** If you need more than one page, use two forms marking them "page 1 of 2" and "page 2 of 2."

- **Personal Information and Plan Designation Sections:** Provide all the information requested.

**Completing one form will designate a beneficiary for all three plans. If you participate in more than one plan, you may designate different beneficiaries for each plan. To do so, complete a separate form for each plan and write the appropriate plan name under "Plan Designation."**

- **Primary Beneficiaries Section:** Complete this section clearly and completely.

– Your beneficiary may be any person or persons you wish to name. "Person" includes any entity capable of taking and holding property.

– **If you are married, your spouse may have a legal interest in this designation of beneficiary.** A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than his or her proportionate share of the benefit attributable to community property.

– Enter the beneficiary's full name in the space provided. For example, enter "Mary Lou Smith" rather than "Mrs. John Smith." If the beneficiary's first name consists of initials only, enter "IO" (meaning "Initials Only") in parentheses following the person's name. **Be sure to include the beneficiary's birthdate.**

– If more than one person is named as primary beneficiary, you may indicate the share (%) each is to receive in the comments section. If you do not specify the share, the benefit will be paid in equal shares. **If shares are indicated, the total shares must add up to 100%.** You may also designate secondary beneficiaries (in the "Secondary Beneficiaries" section) to receive the benefit if **all** those listed as primary beneficiaries are deceased at the time of your death.

– You may name your estate as the beneficiary for all three plans and then provide for payment in a will. You may also name a trust as your beneficiary; if you do so, you must provide the name and date of the trust, and the name and address of the trustee. If you are designating a trust for your life insurance, send the completed form to Prudential for their review and attachment of applicable provisions. For procedural information about designating a trust, or other non-standard beneficiaries for your life insurance, contact Prudential at 1-800-524-0542.

– Beneficiary designations are contractual in nature and generally avoid probate **unless** the estate is named as beneficiary; **consult your attorney for further information and advice.**

- **Distribution of Form: Keep one copy for your records,** and send one copy to your local Payroll or Benefits Office.

## CHANGING YOUR BENEFICIARY

You may change your designated beneficiary at any time by submitting a new form to your Payroll or Benefits Office. Once UC accepts a new form, all previous designations are revoked.

If you have permanently assigned your rights in any UC life or AD&D insurance, you cannot designate a beneficiary for that insurance; only the assignee (e.g. the person or trust to whom you have assigned your insurance) can designate a beneficiary. If the assignee fails to designate a beneficiary, the insurance will be paid directly to the assignee.

Changes in your family situation (e.g., marriage, divorce, birth of a child) do not automatically alter or revoke your previous designations. **Prior designations remain valid until UC receives a new designation form.** Review your beneficiary designations for your retirement plans **and** your insurance plans any time there is a change in your family situation. **A will does not supersede a beneficiary designation.**

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Send completed form to your  
local Payroll or Benefits Office.

## PERSONAL INFORMATION

NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER
ADDRESS (Number, Street, City, State, ZIP)			HOME PHONE ( )
TYPE OF DESIGNATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	CAMPUS	CAMPUS DEPARTMENT	DAYTIME PHONE ( )

## PLAN DESIGNATION

**THIS FORM APPLIES TO BENEFITS PAYABLE FROM THE FOLLOWING PLANS:** University-Paid Life, Employee-Paid Life, and Accidental Death and Dismemberment (AD&D).

If you want to designate different beneficiaries for each of the plans above, you must complete a separate form for each plan. You must also specify the plan that this designation applies to: \_\_\_\_\_

## PRIMARY BENEFICIARIES

The following beneficiaries shall receive benefits on a **share and share alike** basis, unless I specifically designate otherwise in the "Comments" section. (If you name a trust as a beneficiary, include the name and address of the *trustee* or *alternate trustee*.)

NAME (Last, First, Middle Initial)	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NUMBER	COMMENTS (SHARE%)
ADDRESS (Number, Street, City, State, ZIP)				

NAME (Last, First, Middle Initial)	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NUMBER	COMMENTS (SHARE%)
ADDRESS (Number, Street, City, State, ZIP)				

NAME (Last, First, Middle Initial)	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NUMBER	COMMENTS (SHARE%)
ADDRESS (Number, Street, City, State, ZIP)				

## SECONDARY BENEFICIARIES

If all of the above beneficiaries are deceased, I then designate the following beneficiaries to receive benefits on a **share and share alike** basis unless I specifically designate otherwise in the "Comments" section:

NAME (Last, First, Middle Initial)	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NUMBER	COMMENTS (SHARE%)
ADDRESS (Number, Street, City, State, ZIP)				

NAME (Last, First, Middle Initial)	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NUMBER	COMMENTS (SHARE%)
ADDRESS (Number, Street, City, State, ZIP)				

## REQUIRED SIGNATURES

If all of the beneficiaries listed above are deceased, I understand that benefits will be paid according to provisions explained on the instruction sheet. I understand that this designation supersedes any previous designation and that the University and/or the insurance carrier may require verification of death/identity of beneficiaries before making payment.

**NOTE:** Insurance benefits may be community property. If not named as the sole primary beneficiary, your spouse should participate in the decision to designate a beneficiary(ies) for your insurance plan(s).

I certify under penalty of perjury that:

- the information I have provided on this request is complete and true to the best of my knowledge, and
- that I have not concealed any relevant facts.

EMPLOYEE'S SIGNATURE	DATE
RECORDED BY PAYROLL/BENEFITS OFFICE	DATE

RETN: 0-5 years after separation.

**SEE BELOW FOR PRIVACY NOTIFICATIONS**

## PRIVACY NOTIFICATIONS

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information. (A)

Furnishing all information requested on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are Office of the President and campus Academic and Staff Personnel Managers or campus Accounting Officers.

### FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, (4) earnings and contributions to participating retirement systems, and (5) as an identifier for your insurance carrier to verify your eligibility and to maintain claim records for you and your eligible family members. (AA)