<u>Life Insurance Enrollment</u>

This is provided to all House Staff at no cost.

- 1. Please fill out as completely as you feel necessary. At least one beneficiary must be listed.
- 2. Print out and **SIGN & DATE** at the bottom.

Please note this insurance is available to House Staff only, not your spouse or dependents. You MUST complete the UNUM enrollment form. If you do not have dependents to list as your beneficiary, you may select your parents, friends, etc.



UCLA House Staff Beneficiary Form

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.

SECTION 1: Employee's Information Name (First, Middle initial, Last)			Soci	Social Security Number	
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Name of current employer- Division			Polic	Policy Number (s)	
s	CTION 2: Primary Beneficiary	(ies)			
de ny	signate the person(s) named be death. The share of any primary th, will pass to any remaining be	low as my primary beneficiary who is	no longer living	or is otherwise disqualified by	policy in the event of law at the time of my
1.	J		v		%
	Name	Date of birth	Relationship	Address 1	
	Social Security Number			Address 2	 _
2.			<u> </u>		%
	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	
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