

Beneficiary Designation Form Instructions

Employees and retirees of The University of Texas at Austin should submit the completed Beneficiary Designation Form to the Human Resource Service Center (HRSC). Please use one of the submission options listed below. An original signature is required.

US mail: HRSC, P.O. Box V, Austin, TX 78713-8922

Campus mail: HRSC, J5600

In person: Visit the HRSC Lobby on the second floor of North Office Building A (NOA) located at 101 E. 27th St. (on the corner of Wichita and 27th St.).

Frequently Asked Questions about designating a beneficiary are available on the Fort Dearborn Life Web site at http://www.fdl-life.com/ut/faq_pages/faq_beneficiary_designate.html. You may also contact Fort Dearborn Life customer service at 1-866-628-2606 with your questions.

If you have questions about your beneficiary designation on record with the HRSC, please visit the HRSC Lobby in person with a photo ID and we would be glad to provide you with a copy of the most recent Beneficiary Designation Form on file. Alternatively, you may submit a new Beneficiary Designation Form. The most recent beneficiary designation submitted will supersede any previous designations.

The Fort Dearborn Life Beneficiary Designation Form will only designate a beneficiary for the university's term life and accidental death and dismemberment plans. You may also need to designate or update your beneficiary for the retirement programs below:

- If you are a member of the Teacher Retirement System (TRS) program, please call TRS at 800-223-8778 or review information on their Web site at www.trs.state.tx.us for assistance. You should submit your beneficiary information directly to TRS.
- If you participate in the Optional Retirement Program, UTSaver TSA 403(b), or UTSaver DCP 457(b) programs, you will find contact information for the currently approved providers online at www.utsystem.edu/benefits/retirement/providers.htm for assistance. You should submit your beneficiary information directly to your provider(s).



BENEFICIARY DESIGNATION FORM

**Group Term Life (GTL) and Accidental Death and Dismemberment (AD&D)
The University of Texas System • GFZ71778**

INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)

Employee/Retired Employee Name		Social Security Number	Date of Birth	Home Telephone Number
Home Address			City	State Zip
Indicate below which University of Texas System institution (U.T. Institution) you are affiliated with as a Employee or Retired Employee				
<input type="checkbox"/> U. T. Arlington	<input type="checkbox"/> U. T. El Paso	<input type="checkbox"/> U. T. Tyler	<input type="checkbox"/> U. T. M.D. Anderson Cancer Center Houston	
<input type="checkbox"/> U. T. Austin	<input type="checkbox"/> U. T. Pan American	<input type="checkbox"/> U. T. HSC Tyler	<input type="checkbox"/> U. T. Medical Branch Galveston	
<input type="checkbox"/> U. T. Brownsville	<input type="checkbox"/> U. T. Permian Basin	<input type="checkbox"/> U. T. HSC Houston	<input type="checkbox"/> U. T. Southwestern Medical Center Dallas	
<input type="checkbox"/> U. T. Dallas	<input type="checkbox"/> U. T. San Antonio	<input type="checkbox"/> U. T. HSC San Antonio	<input type="checkbox"/> U. T. System Administration Austin	

DEFINITIONS & STATEMENTS

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

Will or Trust as Beneficiary Designation can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. **

Minors as Beneficiary Designation can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. **

Dependent Beneficiary – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

** You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS (GTL and AD&D)

Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Address	%

The Fort Dearborn Life Insurance Company (FDL) provides this form, which asks that you provide your Social Security number. As required by FDL, Employees/Retired Employees of The University of Texas System must submit this completed form with Social Security numbers to FDL through their local U.T. Institution Benefits Office. Further disclosure of your Social Security number by FDL and The University of Texas System is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Employee/Retired Employee Signature _____ Date _____

Important Note for Married Employees: If you reside in AZ, CA, ID, LA, NV, NM, TX, WA or WI, and you name someone other than your spouse as primary beneficiary, your spouse's consent will be necessary to allow your spouse to waive his or her rights to any community property interest in the benefits. We have provided a space below for your spouse's signature. Payment of benefit may be delayed or disputed unless your spouse signs.

Spousal Consent for Community Property States Only: I hereby consent to the Primary Beneficiary designated by my spouse and understand that this consent supersedes any prior spousal consent under this plan.

Spouse Signature _____ Date _____ Employee has no legal spouse

Return this completed form to your local U.T. Institution Benefits Office.