

CWID: _____



RETIREE BENEFICIARY DESIGNATION FORM Oklahoma State University Update 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.

Your Name (Print)	
Your Birthdate	
Mailing Address	Address City, State, Zip
Telephone Number	Home: Cell:
E-mail Address	

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

Name (Print)		Relationship:
Address	Address City, State, Zip	
Telephone Number	Home: Cell:	
E-mail Address		

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 Employee Services, 106J Whitehurst, Stillwater, OK 74078.

PRIMARY BENEFICIARIES

NAME (Print)	FULL ADDRESS	RELATIONSHIP

CONTINGENT BENEFICIARIES

NAME (Print)	FULL ADDRESS	RELATIONSHIP

CERTIFICATES OF INSURANCE: Certificates of insurance and plan summary documents are available through your Human Resources office or at <http://hr.okstate.edu>. 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: _____
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