



# LAKE SUPERIOR STATE UNIVERSITY

## BENEFICIARY DESIGNATION

- For payment of all earned compensation at death of an employee.
- For payment of University business travel accident insurance benefit at death of an employee while in authorized travel status.

INSTRUCTIONS: Items in **Section I** are to be completed by the employee. Items in **Section II** are to be completed by the Notary Public in all cases in which the employee names as beneficiary *someone other than the husband or wife*. **Section III** is to be completed by the University in all cases. This form is to be filed permanently with the University Human Resources Office. If a Beneficiary Designation form is not executed by an employee, payment of compensation due at death will be made to the executor or administrator of the estate. Election of a beneficiary other than the seven choices listed below would necessitate establishing a will.

### SECTION I

Superseding any previous instruction, I hereby designate the person named below as my beneficiary to receive all compensation due to me in the event of my death while an employee of Lake Superior State University. I understand that the death of the named beneficiary, divorce of my spouse (husband or wife) if named as beneficiary, or my separation from the University voids this designation. I also understand that this designation may be canceled or changed only by filing a new form with the University Human Resources Office.

Beneficiary _____ (One Person Only)	Relationship (Check one)	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Brother
Address _____		
City _____	State _____	Zip code _____
Phone: _____		
Beneficiary's Birthdate: Month _____ Day _____ Year _____		
Signature of Employee _____		Date _____
Print Name _____		

### SECTION II

COMPLETE ONLY IF THE DESIGNATED BENEFICIARY IS NOT THE EMPLOYEE'S SPOUSE.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ year  
 at \_\_\_\_\_ County \_\_\_\_\_  
 Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

### SECTION III

Received by \_\_\_\_\_ Date \_\_\_\_\_  
 (University Representative)

Student       Adjunct/Temporary       Regular Employee