



**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.**