

# MACALESTER COLLEGE

## LIFE AND DISABILITY INSURANCE BENEFICIARY FORM

Name: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hire Date/Effective Date of Coverage: \_\_\_\_\_ FTE: \_\_\_\_\_

**Group Basic Life/AD&D Insurance:** Your employer provides you with a basic benefit of 1 X annual base salary to a maximum of \$750,000. (this benefit is for employees .50 fte and above)

Beneficiary Information for Basic Life Insurance: (Note: YOU are automatically the beneficiary for any dependent life amounts)

Primary Beneficiary (Last, First, M)	Social Security Number	Benefit Percent	Relationship to you

Contingent Beneficiary (Last, First, M)	Social Security Number	Benefit Percent	Relationship to you

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supplemental Death Benefit:** After 1 year waiting period, your employer provides you with 1 month's regular base salary as of the date of death paid to your beneficiary. (excludes members of Collective Bargaining Unit)

Primary Beneficiary (Last, First, M)	Social Security Number	Benefit Percent	Relationship to you

Contingent Beneficiary (Last, First, M)	Social Security Number	Benefit Percent	Relationship to you

**Long Term Disability:** Your employer provides you with long term disability at no cost to you. (this benefit is for employees .75 fte and above). For staff and faculty, if declared disabled, the benefit would provide 60% of your regular monthly salary after a defined waiting period. For members of Collective Bargaining Unit, the benefit would provide 66 2/3% of your regular monthly salary after a defined waiting period.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_