MEDMUTUAL LIFE™
A Medical Mutual Company
15885 W. Sprague Road, Strongsville, Ohio 44136-1772

Beneficiary Designation Form

Telephone: 866-925-2542
Fax: 440-878-6916
Email Address: Claims@MedMutualLife.com

Group Number
227922

☐ Initial ☐ Change

Insured's Name	Social Security No.	Date of Birth
		/ /
Group Name Case Western Reserve University	Marital Status (check one) ☐ Married ☐ Widowed ☐ Single ☐ Divorced	

COVERAGE TYPE – The Beneficiary designation will apply to all death benefits for the above named Insured, unless they designate otherwise by checking a specific coverage:

☐ Basic Term Life ☐ Basic AD&D ☐ Supp Life ☐ Supp AD&D ☐ Voluntary Life ☐ Voluntary AD&D ☒ All

Definitions:

Primary Beneficiary: The primary beneficiary is the person(s) you name to receive death benefits. You may name more than one beneficiary. ***If you specify benefit percentages, the total must equal 100%.*** If you do not specify benefit percentages, proceeds will be paid in equal shares to the primary beneficiaries who survive you.

Contingent Beneficiary: The contingent beneficiary is the person(s) you name to receive death benefits if no primary beneficiary survives you. ***If you specify benefit percentages, the total must equal 100%.***

PRIMARY BENEFICIARY(IES):

In accordance with the provisions of the Policy and/or Certificate, I hereby request the benefits payable for loss of life to be issued as follows:

First Name	Last Name	Date of Birth	Relationship	Benefit %
		/ /		
		/ /		
		/ /		
		/ /		

CONTINGENT BENEFICIARY(IES):

First Name	Last Name	Date of Birth	Relationship	Benefit %
		/ /		
		/ /		
		/ /		
		/ /		

I hereby revoke all former beneficiary designations and I reserve the right to make further changes at any time, subject to Policy provisions.

Signature of Insured _____ Date Signed _____

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 this benefit may be delayed or disputed unless your spouse signs below.

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.

Signature of Spouse _____ Date Signed _____