



**Beneficiary Information for Employee Supplemental Life Coverage**

Primary Beneficiary (last name, first, middle initial)	Address	Relationship	Benefit % (MUST total 100%)
Contingent Beneficiary (last name, first, middle initial)	Address	Relationship	Benefit % (MUST total 100%)

*\*Life proceeds will be split equally among beneficiaries unless otherwise designated.*

**Note: The employee is the beneficiary for any spouse or children insurance coverage.**

**READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW**

- ❖ I authorize my employer to deduct from my pay the premium, if any, for the elected coverage.
- ❖ To the best of my knowledge and belief, the information I have provided on this form is correct.
- ❖ I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.
- ❖ I understand my coverage begins on January 1, 2007.

<b>Employee's Signature:</b>	<b>Date Signed</b>  / /
<b>Employee's Campus Phone:</b>	<b>Home Phone:</b>

\*BASE ANNUAL EARNINGS CALCULATION: For life insurances purposes, your Base Annual Earnings is calculated based on your hourly or monthly rate of pay and the length of your appointment as indicated below:

EMPLOYEE TYPE	APPOINTMENT (MONTHS)	BASE ANNUAL EARNINGS
Biweekly Paid	12	Hourly Rate x 2080 x FTE
Monthly Paid	8, 10, 12	Monthly Rate x 12 x FTE
Monthly Paid	9	Monthly Rate x 9/10 x FTE
Monthly Paid	11	Monthly Rate x 11/12 x FTE

FTE=Full Time Equivalency. Full time = 1.0; Three quarters time = 0.75

Rate does not include additional pay, such as additives.

**Contact your Human Resources Office  
for additional information about higher coverage limits or general life information.  
Stillwater Campus – 405-744-5449**

**RETURN FORM TO: Human Resources, 106J Whitehurst by Thursday, December 12, 2006, at 5:00 p.m.**