

University of Idaho Tier I Retiree Death Benefit

Beneficiary Designation/Change Form

This designation will apply to the University of Idaho Retiree Death Benefit Plan only.

Designations made below or on the back of this Form are not valid unless signed, dated and delivered to UI Benefits during your lifetime. Return the completed form to Human Resources, Benefit Services, 875 Perimeter Drive, MS-4332, Moscow, Idaho 83844-4332.

Member /Retiree Information

Your name (Last, First, Middle)		Social Security Number	
Your address	City	State	Zip

Beneficiary Information

- Your designation revokes all prior designations
- Benefits are payable to a Contingent Beneficiary only if you are not survived by one or more Primary Beneficiaries.
- If two or more Beneficiaries are named in a class (Primary or Contingent) they will share equally unless you specifically designate unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit may be paid. If the Beneficiary is a trust or trustee, the trustee and written trust must be identified in the Beneficiary designation. For example, "Dorothy O. Smith, Trustee of the [insert name of Trust] under the trust agreement dated _____."
- Claim payment delays can occur when this Form does not contain complete and/or accurate information.

Primary – Full Name	Address/Phone Number	Soc.Sec. No.	Relationship	% of Benefit

** If additional space is needed please use back of form. Percent of Benefit must equal 100% for Primary and 100% for Contingent.*

Contingent – Full Name	Address/Phone Number	Soc.Sec. No.	Relationship	% of Benefit

Signature of Retiree

Date

HR Representative-Witness

Date

Additional Information:

Primary – Full Name	Address/Phone Number	Soc.Sec. No.	Relationship	% of Benefit

Contingent – Full Name	Address/Phone Number	Soc.Sec. No.	Relationship	% of Benefit

Important Note for Married Employees/Retirees: If you live in Idaho, Washington or another community property state, you should obtain the signature of your spouse if your spouse will not be named as a Primary Beneficiary. Payment and/or benefits may be delayed or disputed if your spouse does not consent to waive any community property interest in the benefits under this Plan.

Spousal Consent: I hereby consent to the Primary Beneficiary or Beneficiaries designated by my spouse.

Spouse's Printed Name and Signature

Date

Check if Employee/Retiree has no spouse.

Return to-
Human Resources, Benefit Services
875 Perimeter Dr. MS 4332
Moscow, ID 83844-4332

Phone (208)885.3697
Fax (208)885.3330

<https://www.uidaho.edu/human-resources/benefits>