



BENEFICIARY DESIGNATION FORM
GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT
CRITICAL ILLNESS AND ACCIDENT INSURANCE
 Unum Life Insurance Company of America
 Unum Insurance Company
 Provident Life and Accident Insurance Company
 The Paul Revere Life Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

SECTION 1: Employee Information	
Name (Last Name, Suffix, First Name, MI)	Social Security Number
Policy Number(s)	Division Number(s)
Employer Name	Check the coverages listed below to which this beneficiary designation applies: <input type="checkbox"/> Basic Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accident <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> All

SECTION 2: Primary Beneficiary (ies)				
I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).				
Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
Total Must Equal 100%				

SECTION 3: Contingent Beneficiary (ies)				
If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).				
Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
Total Must Equal 100%				

SECTION 4: Signature

X _____ **Date** _____
 Employee Signature