



Homewood Postdoctoral Fellow Life Insurance Beneficiary Designation Form

Johns Hopkins provides group term life insurance for you. Under current tax regulations, if an insured dies without a beneficiary listed, payment goes to the estate and is taxable. If a designated beneficiary is listed, payment goes to the beneficiary and is exempt from tax. As it is financially advantageous to your estate to have a beneficiary listed, please complete this beneficiary designation form.

POLICY HOLDER INFORMATION

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Social Security
_____		_____	_____
Number Street Address (including apt. number)		City	State Zip Code
_____		_____	_____
Birth Date (mm/dd/yyyy)		Marital Status (check one) : Married. _____ Single _____	

BENEFICIARY INFORMATION

Primary Beneficiary

_____	_____		
Primary Beneficiary Name (last, first, middle)	Relationship to policy holder		

_____	_____	_____	_____
Number Street Address (including apt. number)	City	State	Zip Code

Secondary Beneficiary

_____	_____		
Secondary Beneficiary Name (last, first, middle)	Relationship to policy holder		

_____	_____	_____	_____
Number Street Address (including apt. number)	City	State	Zip Code

I hereby acknowledge coverage under the group plan issued by the UNUM Life Insurance Company of America. I understand that the coverage provided will be subject to the terms and conditions of the group plan. I am currently an eligible postdoctoral fellow of Johns Hopkins University.

SIGNATURE OF POLICY HOLDER

DATE (mm/dd/yyyy)

**Please complete and return in hard copy to John Kunz, KSAS/WSE Office of
Human Resources, Wyman Park Building, 6th Floor, Suite 650.
Do not fax or email, an original signature is required.**