

University of Illinois

Reliance Standard Life Insurance Company  
Policy# GL 137175

## Life and AD&D Insurance Beneficiary Form

### STEP 1 Please provide the following information:

STUDENT NAME			<i>last</i>	<i>first</i>	<i>middle initial</i>
SOCIAL SECURITY NUMBER	BIRTH DATE	<i>month/day/year</i>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
ADDRESS	<i>street</i>	<i>city</i>	<i>state</i>	<i>zip</i>	
HOME PHONE	WORK OR CELL PHONE				

### STEP 2 For your basic life and ad&d insurance please provide the following

#### Beneficiary information:

Name (Last, First, MI)	Relationship	Benefit %

### STEP 3 Please read this information carefully, then sign and date it below.

*To the best of my knowledge and belief, the above information is correct.*

STUDENT'S SIGNATURE	DATE
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**Note: Completed form must be submitted with the Plan Administrator:**

Association Insurers Agency, Inc.  
1447 York Road, Suite 501  
Lutherville, MD 21093  
Fax# 410-337-0783  
Phone #800-333-1555