

GROUP LIFE INSURANCE

NAME OF EMPLOYEE (Last) (First) (Middle)			DATE OF BIRTH	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Employer: SUFFOLK UNIVERSITY			Annual Salary		
Position (Title)			Date Employed		

Coverage Selection: (Check One)

- BASIC LIFE AND AD & D INSURANCE (This insurance is at no cost to me.)
- SUPPLEMENTAL LIFE INSURANCE
 (I authorize the proper deductions from my earnings as my contribution toward the cost of the insurance.)
 - 1 X my base annual salary up to 125,000
 - 2 X my base annual salary up to 250,000
 - 3 X my base annual salary up to 375,000 (I understand I must admit evidence of insurability satisfactory to the insurer.)
 - None. (I understand that evidence of insurability satisfactory to the insurer will be required at my own expense if I later apply for additional insurance.)

I DESIGNATE THE BENEFICIARY SHOWN ON THE REVERSE SIDE OF THIS FORM TO RECEIVE ANY DEATH BENEFITS WHICH MAY BECOME PAYABLE UNDER THE GROUP LIFE INSURANCE POLICY(IES).

Signature	Date
------------------	-------------

(Over)

BENEFICIARY DESIGNATION

Common Terms: My Children -the children born of any and all marriages or legally adopted at any time.
 My Estate -my duly appointed executors or administrators.

Unless otherwise provided:

- (a) if a class of Beneficiaries contains more than one person, the benefits due the Beneficiaries in such class at my death are to be apportioned in equal shares to the living Beneficiaries of the class;
- (b) if all Beneficiaries predecease me, the benefits will be payable to my estate.

Some designations may require alternative documents that the insurer will prepare and return to your employer for your signature.

Primary Designation:	Name	Address	Date of Birth	Relationship
-----------------------------	------	---------	---------------	--------------

Secondary Designation	Name	Address	Date of Birth	Relationship
------------------------------	------	---------	---------------	--------------

(Attach additional pages if necessary)