



INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)

Employee/Retired Employee Name SSN or Benefits ID No. Date of Birth Home Telephone Number

Home Address City State Zip

Indicate below which University of Texas System institution (U.T. Institution) you are with as an Employee or a Retired Employee

Grid of checkboxes for various U.T. institutions including Arlington, Austin, San Antonio, Dallas, Rio Grande Valley, Tyler, HSC, M.D. Anderson, Galveston, Dallas, Austin, El Paso, and Stephen F. Austin State University.

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated.

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

Will or Trust as Beneficiary Designation can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

Minors as Beneficiary Designation can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations.

Please note: Under Texas Law current employees/retirees of The University of Texas are unable to list an institution of The University of Texas System as a primary and or contingent beneficiary.

**This information is not intended as legal advice. Always consult an attorney before making your beneficiary designation.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS (GTL and AD&D)

Table with columns for Primary Beneficiary, Birth Date, Relationship, Social Security #, Address, and %. Includes a section for Contingent Beneficiary.

The Blue Cross and Blue Shield of Texas (BCBSTX) provides this form, which asks that you provide your Social Security number. As required by BCBSTX, Employees/Retired Employees of The University of Texas System must submit this completed form with Social Security numbers to BCBSTX.

Employee/Retired Employee Signature _____ Date _____

Important Note For Married Employees: If you reside in AZ, CA, ID, LA, NV, NM, TX, WA or WI, and you name someone other than your spouse as primary beneficiary, your spouse's consent will be necessary to allow your spouse to waive his or her rights to any community property interest in the benefits.

Spousal Consent for Community Property States Only: I hereby consent to the Primary Beneficiary designated by my spouse and understand that this consent supersedes any prior spousal consent under this plan.

Spouse Signature _____ Date _____ [] Employee has no legal spouse

Return this completed form to: BCBSTX - Beneficiary Processing Center - 701 E. 22nd Street, Lombard, IL 60148 - Ph 866-628-2606 - Fax 877-361-7661