

Travel Risk Insurance - Beneficiary Designation

Faculty/Staff Name _____ **Gender** Female Male
(Please Print) Last First MI

Department Name _____ **Full-Time Date of Hire** _____
MM/DD/YYYY

Beneficiary Name (s)
(Please Print)

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|------|-------|----|--------------|---------------|
| Last | First | MI | Relationship | % of Proceeds |
|------|-------|----|--------------|---------------|

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|------|-------|----|--------------|---------------|
| Last | First | MI | Relationship | % of Proceeds |
|------|-------|----|--------------|---------------|

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|------|-------|----|--------------|---------------|
| Last | First | MI | Relationship | % of Proceeds |
|------|-------|----|--------------|---------------|

I hereby make the above nomination of beneficiary with respect to all insurance provided now or at any time in the future under the **Travel Risk Accident Policy** issued to **Bowling Green State University** by Brooks Insurance.

Faculty/Staff Signature _____ **Date** _____