

**SUPPLEMENTAL TERM LIFE INSURANCE
 BENEFICIARY DESIGNATION**

Policy 33074-G

EMPLOYEE INFORMATION

| | | | | |
|----------------|------------|----------------|------------------------|----------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY NUMBER | |
| STREET ADDRESS | | CITY | STATE | ZIP CODE |

Be sure your insurance is paid to the beneficiary of your choice. Even if you are satisfied to have your insurance paid to the standard sequence of beneficiaries named in your insurance certificate, you may expedite settlement by naming your beneficiary. Please see the reverse side of this form for more information about the standard sequence of beneficiaries.

Unless otherwise indicated, if two or more primary beneficiaries or contingent beneficiaries are designated, any payment to them shall be made in equal shares or to the survivors in equal shares or all to the last survivor.

EMPLOYEE COVERAGE

| Primary Beneficiary Name & Address | Relationship |
|------------------------------------|--------------|
| | |
| | |

If primary beneficiary(ies) does not survive me, then to:

| Contingent Beneficiary Name & Address | Relationship |
|---------------------------------------|--------------|
| | |
| | |

SPOUSE COVERAGE

| Primary Beneficiary Name & Address | Relationship |
|------------------------------------|--------------|
| | |
| | |

If primary beneficiary(ies) does not survive my spouse, then to:

| Contingent Beneficiary Name & Address | Relationship |
|---------------------------------------|--------------|
| | |
| | |

DOMESTIC PARTNER COVERAGE

| Primary Beneficiary Name & Address | Relationship |
|------------------------------------|--------------|
| | |
| | |

If primary beneficiary(ies) does not survive my domestic partner, then to:

| Contingent Beneficiary Name & Address | Relationship |
|---------------------------------------|--------------|
| | |
| | |

CHILD COVERAGE

Proceeds will be paid upon death of child to: 1) you, if living; otherwise 2) your spouse, if living; otherwise 3) your surviving children or your spouse's surviving children in equal shares; otherwise 4) your child's estate. Employee may name an alternative beneficiary by filing a separate document.

| | |
|--|------|
| INSURED EMPLOYEE SIGNATURE X | DATE |
|--|------|

Note to married Wisconsin residents: Policy proceeds are a marital asset under state law. The spouse of the insured must consent to the above beneficiary designation if such spouse is not the sole primary beneficiary, by signing below.

| | |
|-------------------------------|------|
| SPOUSE OF INSURED X | DATE |
|-------------------------------|------|

Retain a copy for your records and mail original to: University of Wisconsin Hospital and Clinics, Human Resources, 635 Science Drive, Madison, WI 53711