



Change of Beneficiary for University of Vermont Retirees

Please complete form and return to: **University of Vermont
Benefits Office
228 Waterman Building
South Prospect Street
Burlington, VT 05405-0160**

University of Vermont	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Beneficiary Change	Date Employed	Mo.	Day	Yr.	Dept./Class		
	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Change of Status	Social Security No.		Date of Birth				
Last Name	First Name	M.I.	S <input type="checkbox"/> M <input type="checkbox"/>						
			e <input type="checkbox"/> F <input type="checkbox"/>						
Address			Earnings		Occupation				
Do you want supplemental Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Your Eligible Dependents			Relationship	Nat'l/ Adopted Child	Step- child	Dependent lives with Other Parent	Date of Birth	
	Last Name (if different)	First Name	M.I.					Mo.	Day
Life Option									
AD & D Option									
Type	Effective Date								
	LTD								
	Dental								
		Spouse's Employer			Other Coverage		Med <input type="checkbox"/>	Dent <input type="checkbox"/>	
		Ex-Spouse's Employer			Other Coverage		Med <input type="checkbox"/>	Dent <input type="checkbox"/>	
Medical	Primary Beneficiary and Relationship (First Name, Middle Initial, Last Name)								
	Contingent Beneficiary and Relationship (First Name, Middle Initial, Last Name)								
	Date _____ Signature _____								