

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)

Last First MI Relationship % of Proceeds

Last First MI Relationship % of Proceeds

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** _____