## SARAH · LAWRENCE · COLLEGE

## **BENEFICIARY DESIGNATIONS**

Please name primary beneficiary(ies) for the following benefits. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive the benefit. If no beneficiaries are named, the benefit will be paid to your estate.

LIFE INSURANCE

Name(s) of Primary Beneficiary(ies)	Relationship to You	Social Security Number
Name(s) of Contingent Beneficiary(ies)	Relationship to You	Social Security Number
Long-7	FERM DISABILITY INSURAN	CE
Name(s) of Primary Beneficiary(ies)	Relationship to You	Social Security Number
Name(s) of Contingent Beneficiary(ies)	Relationship to You	Social Security Number
If death occurs while the employee is receiving in the regular salary that would have been received of six months. If death occurs while the employee is of regular salary. These payments will be made designed before death.	during the remaining months of the in active service with the College	ne medical leave, up to a maximum or, payment will be equal to six month
Name(s) of Primary Beneficiary(ies)	Relationship to You	Social Security Number
Name(s) of Contingent Beneficiary(ies)	Relationship to You	Social Security Number
Employee Name – Please Print Clearly	Date	
Employee Signature		

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