

P.O. Box 349 Augusta, ME 04332-0349 Telephone: (207) 512-3100 Toll-free: 1-800-451-9800 Fax: (207) 512-3101 Maine Relay: 711

GROUP LIFE INSURANCE THIRD-PARTY DESIGNATION (OPTIONAL)

MY INFORMATIC	N					
Name:	First	Middle	Las	st		Suffix
Social Security Numb	per:		Date of Birth:	Month	Day	Year
Email Address:			Phone:	Wonth	Day	
Mailing Address:						
	Street or Box Nu	mber	City/Town		State	ZIP Code
Signature:	(Authorizing third	l party designee contact	Date:			

Note: You will be contacted for all matters relating to your life insurance coverage, including payment issues. Your third-party designee will be contacted, <u>in addition to you</u>, only if your life insurance is about to be cancelled due to non-payment of premiums. This is the only information regarding your group life insurance that MainePERS will share with your third-party designee.

MY THIRD PARTY DESIGNEE INFORMATION

Relationship to You:		(example: spouse, partner, sibling, parent, friend)				
Name:	First	Middle	La	ıst		Suffix
Social Security Nur	ıber:		Date of Birth:	Month	Day	Year
Email Address:			Phone:			
Mailing Address:	Street or Box Number	er	City/Town		State	ZIP Code

Please return this form to: Maine Public Employees Retirement System (MainePERS) P.O. Box 349 Augusta, ME 04332-0349