

MY INFORMATION

Name:
First Middle Last Suffix

Social Security Number: Date of Birth:
Month Day Year

Email Address: Phone:

Mailing Address:
Street or Box Number City/Town State ZIP Code

Signature: _____ Date: _____
(Authorizing third party designee contact)

Note: You will be contacted for all matters relating to your life insurance coverage, including payment issues. Your third-party designee will be contacted, in addition to you, 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 Last Suffix

Social Security Number: Date of Birth:
Month Day Year

Email Address: Phone:

Mailing Address:
Street or Box Number City/Town State ZIP Code

Please return this form to:

**Maine Public Employees Retirement System (MainePERS)
P.O. Box 349
Augusta, ME 04332-0349**