BENEFICIARY DESIGNATION FORM FOR
GROUP LIFE AND GROUP ACCIDENT INSURANCE
Unum Life Insurance Company of America
Provident Life and Accident Insurance Company
The Paul Revere Insurance Company

Please fully complete this form and sign it if you wish to designate a beneficiary or if you want to change your existing beneficiary designation.

SECTION 1: Employee's Information

Name (First, Middle initial, Last)	Social Security Number
Name of current employer- Division	**Policy Number (s)**
The George Washington University	205263 - Basic Coverage

SECTION 2: Primary Beneficiary (ies)

I designate the person(s) named below as my primary beneficiary (ies) to receive payment under the policy in the event of my death. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of my death, will pass to any remaining beneficiary (ies) in equal shares.

1. _____ _____ _____ _____ _____%
   Name | Date of birth | Relationship | Address 1
   _____ _____
   Social Security Number | Address 2

2. _____ _____ _____ _____ _____%
   Name | Date of birth | Relationship | Address 1
   _____ _____
   Social Security Number | Address 2

3. _____ _____ _____ _____ _____%
   Name | Date of birth | Relationship | Address 1
   _____ _____
   Social Security Number | Address 2

SECTION 3: Contingent Beneficiary (ies)

I designate the person(s) below as my contingent beneficiary (ies) who will receive payment only if all primary beneficiary (ies) predecease me or are otherwise disqualified by law.

1. _____ _____ _____ _____ _____%
   Name | Date of birth | Relationship | Address 1
   _____ _____
   Social Security Number | Address 2

2. _____ _____ _____ _____ _____%
   Name | Date of birth | Relationship | Address 1
   _____ _____
   Social Security Number | Address 2

3. _____ _____ _____ _____ _____%
   Name | Date of birth | Relationship | Address 1
   _____ _____
   Social Security Number | Address 2

SECTION 4: Authorization and Signatures

By signing this document, I understand and agree to the following: This beneficiary designation revokes all prior designations. This beneficiary designation form will apply to my Unum Insurance plan established in connection with my employer's plan. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary (ies) who survive(s) me or if the percentages listed do not add up to 100%, Unum will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

_____ _____
Employee Signature | Date

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