

## Business Travel Accident Insurance

### BENEFICIARY DESIGNATION FORM

Policy Holder/Employer: Marsh & McLennan Companies, Inc.  
Business Travel Accident Insurance: National Union Fire Insurance Company of Pittsburgh, PA (National Union) – Group #: MTA 9160537

#### 1. INSTRUCTIONS

- Complete and return this form to: Mercer, Attention: Marsh McLennan HR Services, P.O. Box 622, Des Moines, IA 50306 or fax to +1 866 694 7220.
- It is important that your beneficiary designation be clear so that there will be no question about your meaning. You may want to name a primary and contingent beneficiary. When naming your beneficiary(ies), complete all requested information.
- Unless otherwise indicated, payment will be made in equal shares to each of your primary beneficiaries who survive you or, if none, in equal shares to each of your contingent beneficiaries who survive you. If no beneficiary survives you, payment will be made under the terms of the plan.
- If more space is needed to name your beneficiaries, attach a separate sheet containing the required information.
- You must sign and date the authorization section of this form.
- Retain a copy of this completed form for your records.
- If you have any questions, please contact HR Services at +1 866 374 2662, any business day, from 8:00 a.m. to 8:00 p.m. Eastern time.

#### 2. EMPLOYEE INFORMATION

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### 3. BUSINESS TRAVEL ACCIDENT INSURANCE

##### PRIMARY BENEFICIARY(IES)

NAME	ADDRESS	SOC. SEC. #	RELATIONSHIP	BIRTH DATE	BENEFITS TO BE PAID
_____	_____	_____	_____	____/____/____	____ In Equal Shares or ____%
_____	_____	_____	_____	____/____/____	____ In Equal Shares or ____%
_____	_____	_____	_____	____/____/____	____ In Equal Shares or ____%

\_\_\_\_ NEW DESIGNATION & EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_ CHANGE IN DESIGNATION & EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

##### CONTINGENT BENEFICIARY(IES)

NAME	ADDRESS	SOC. SEC. #	RELATIONSHIP	BIRTH DATE	BENEFITS TO BE PAID
_____	_____	_____	_____	____/____/____	____ In Equal Shares or ____%
_____	_____	_____	_____	____/____/____	____ In Equal Shares or ____%
_____	_____	_____	_____	____/____/____	____ In Equal Shares or ____%

\_\_\_\_ NEW DESIGNATION & EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_ CHANGE IN DESIGNATION & EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 4. AUTHORIZATION

I hereby make the designation(s) specified in this form and revoke any previous designation(s), if any, made under the plan(s). I direct that the insurance proceeds, which may be payable under my employer's Group Insurance Plan(s), in the event of my death or accidental injury, be paid as indicated. If I have named more than one beneficiary and at least one but not all predeceases me or fails to qualify legally as my beneficiary(ies), then the remaining proceeds shall be divided among the remaining beneficiary(ies) proportionately. If none of the beneficiaries indicated in this designation survives me or legally qualifies as my beneficiary, I designate my executors or administrators as beneficiary(ies). I reserve the right to change the designated beneficiary(ies) at any time without (his/her) consent.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 5. COMMON BENEFICIARY DESIGNATION EXAMPLES

*One Beneficiary:* Mary J. Doe, Wife (not Mrs. John Doe)

*Two Beneficiaries:* Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son

*One Primary & One Contingent Beneficiary:* Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares, if they are living; otherwise, to whichever of them survives me.

*Estate:* Estate of the Insured

*Trust:* ABC Bank & Trust Company, Trustee or Successor in Trust under (insert Trust's Name) established (insert Date of Trust Agreement)

*Children:* Provided that if any of my children predeceases me, the surviving children of any such child shall receive, in equal portions, the share their parent would have received, if living.

Or

If no child of a deceased child survives, the share of that child of mine shall go to the survivor or survivors of my children, equally.

*Minor Children:* John J. Doe, Son, and Jane J. Doe, Daughter, equally, or to the survivor. However, if any proceeds become payable to a beneficiary who is a minor as defined under the insurance contract, such proceeds shall be paid to Frank Doe, as custodian for John Doe.

Notes:

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages. For example: 25% to Mary Jones, Mother; and 75% to Edith Jones, Wife.

If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance proceeds. Take this into consideration when naming your beneficiary.

In order to name a Trust for Business Travel Accident Insurance, it must be assigned to the Trust. The Absolute Assignment for Business Travel Accident Insurance form is found on Colleague Connect (<https://mmcglobal.sharepoint.com/sites/Home>). Click My Pay & Benefits and under Find a document select View all documents or <https://careers.marshmcclennan.com/global/en/us-benefits> and under Categories select Insurance & Disability.

Absolute Assignment will need to be approved by National Union Fire Insurance Company of Pittsburgh Pa (National Union), an AIG Company.