Beneficiary Designation Form

HR-BEN-034

Section 1 - Information and Instructions

The purpose of this form is to update, add, or change a beneficiary designation to your life insurance coverage.

Please fax a signed copy of the form to 212-852-8700 or e-mail a signed copy of the form to bscservice@mtabsc.org.
If you have any questions, please contact MTA Business Service Center (BSC) at 646-376-0123 or bscservice@mtabsc.org.

Section 2 - Employee Information

Print Name	Last		First		M.I. Suffix	BSC ID
Agency (check one)	☐ BSC	☐ B&T	☐ CC	☐ HQ Civilian	☐ HQ Police	Department
	☐ LI Bus	☐ LIRR	☐ MNR	☐ MTA Bus	☐ NYCT	
Street Address						
City					State	Zip Code
Phone (H)			Phone (W)			E-mail
Date of Birth			Marital Status (check one box)			
Date of Hire			☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated			

Section 3 - Life Insurance Beneficiary Designation Change Form

Check the appropriate box to indicate the Benefit Plan(s) that you are making beneficiary changes, updates, or additions to.

☐ Basic Life/ADD ☐ Supplemental Life ☐ Dependent Life

Section 4 - Beneficiary Designation

You may designate more than one person as your primary and/or contingent beneficiary. Use a separate sheet if more space is needed. Please print clearly.

A) Primary Beneficiary (ies): (In the column entitled "%" indicate the percent of benefits for beneficiary)

Full Name	% of Benefit	Date Of Birth	Social Security	Relationship to Employee	Home Address (street, City, State, Zip code)

B) Contingent Beneficiary(ies): In the unfortunate circumstance something happens to the Primary Beneficiary, the contingent beneficiary will receive the benefits. (In the column entitled "%" indicate the percent of benefits for beneficiary)

Full Name	% of Benefit	Date Of Birth	Social Security	Relationship to Employee	Home Address (street, City, State, Zip code)

Section 5 - Authorization

I hereby request, and am aware, that this change of beneficiary form that I have completed and submitted supersedes my previous beneficiary designation.

Employee Signature	Date	SSN Last 4 Digits

Print Form