



**INDIANA STATE POLICE
RETIREE BASIC LIFE INSURANCE**

Email completed form to ispbenefits@isp.in.gov

Retiree Information			
Last Name	First Name	Middle Name	
PE Number	Birth Date	Social Security Number	
Date Employed		Date Retired	
<p align="center">Select One New Enrollment Change of Beneficiary Other</p>			
<p align="center">Life Insurance Amount \$20,000.00</p>			
Primary Beneficiary Information			
Last Name	First Name	Middle Name	Relationship
Contingency Beneficiary Information			
Last Name	First Name	Middle Name	Relationship
Last Name	First Name	Middle Name	Relationship
Last Name	First Name	Middle Name	Relationship

- Unless otherwise provided, where two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries, if surviving the insured, or to the survivor or survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy.
- This designation revokes any and all previous designations. The right to further change the beneficiary is reserved unto the insured.
- I accept the insurance provided by my Employer’s Group Insurance Plan and authorize deductions from my earnings of the required contributions, if any toward the cost of the insurance. This authorization applies only if the employee contributions are required.

Signature	Date
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