



Life Insurance Beneficiary Form

A. FORM TYPE (Check one): <input type="checkbox"/> New Beneficiary <input type="checkbox"/> Update Beneficiary Information	
B. INSURED PERSON INFORMATION	
Name (Last, First, MI):	
Policy #:	Member ID #:
Employer (if applicable):	Date of Birth: (DD/MMM/YYYY, i.e., 23/NOV/1988)
Email:	
C. BENEFICIARY If you would like to designate more than 3 beneficiaries, please attach an additional page with complete information.	
BENEFICIARY #1 (Required) <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	
Beneficiary Name (Last, First, MI):	
Relationship to Policyholder:	% of Benefit:
Address:	
City:	Country:
Postal Code:	Email:
BENEFICIARY #2 (If applicable) <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	
Beneficiary Name (Last, First, MI):	
Relationship to Policyholder:	% of Benefit:
Address:	
City:	Country:
Postal Code:	Email:
BENEFICIARY #3 (If applicable) <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	
Beneficiary Name (Last, First, MI):	
Relationship to Policyholder:	% of Benefit:
Address:	
City:	Country:
Postal Code:	Email:
D. INSURED PERSON AUTHORIZATION	
Name:	Date:
Signature:	

Please email the completed form to enroll@tiecare.com

Privacy Notice

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Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at www.totalscholasticsolutions.com/privacy-policy and we would advise you to read the policy so you understand your rights and your personal data use by the TSS Group.