



DENTAL · VISION · LIFE · DISABILITY

GROUP INSURANCE BENEFICIARY DESIGNATION NOTICE

—Please Type Or Print Clearly In Black or Blue Ink—

GROUP NAME:

GROUP POLICY NUMBER:

GROUP ID NUMBER:

RE: GROUP INSURANCE BENEFICIARY DESIGNATION:

PLEASE HAVE ALL EMPLOYEES COVERED BY LIFE INSURANCE COMPLETE THIS FORM AND RETURN IT TO US FOR FINAL PROCESSING.

COMPLETED FORMS CAN BE SUBMITTED BY:

MAIL: Renaissance Group Administration
P.O Box 1596, Indianapolis, IN 46206

OR SECURE

EMAIL: Group@RenaissanceFamily.com

FAX: 607-773-2276

If you have any questions in regard to the completion of this form please don't hesitate to call us at 888-358-9484.

Sincerely,

Renaissance Administration



Products Underwritten by Renaissance Life & Health Insurance Company of America and in New York by Renaissance Life & Health Insurance Company of New York

P.O. Box 1596, Indianapolis, IN 46206 | www.RenaissanceFamily.com | Agent Sales & Support: 800-963-4596 | Customer Service: 888-358-9484