

## Life Insurance Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_ \_ - \_ - \_ - \_ - \_ -

Gender:  Female  Male

Date of Birth: \_\_\_\_\_  
(month/day/year)

Residency Program Start Date: \_\_\_\_\_  
(month/day/year)

### Beneficiary Designation

#### PRIMARY DESIGNATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(month/day/year)

Relationship to you: \_\_\_\_\_

#### SECONDARY DESIGNATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(month/day/year)

Relationship to you: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email this form to [emily.ann.johnson@yale.edu](mailto:emily.ann.johnson@yale.edu) or [jennifer.dolan-auten@yale.edu](mailto:jennifer.dolan-auten@yale.edu).