

# Surviving Spouse Information

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## Personal Information

Prefix:  Dr.                      Name: \_\_\_\_\_  
 Mr.    (Last)    (First)    (Middle)  
 Ms.  
 Miss      Social Security #: \_\_\_\_\_      DOB: \_\_\_\_\_      Gender:  Male     Female  
 Mrs.

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## Contact Information

Home Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_                      County: \_\_\_\_\_  
State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

## Phone Numbers/Emergency Contacts:

Home Phone: \_\_\_\_\_                      Other Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Contact's Phone Number: \_\_\_\_\_

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## Spouse Information

Name: \_\_\_\_\_      Date of Death: \_\_\_\_\_      Retired:  Yes     No  
Position Held: \_\_\_\_\_      Department: \_\_\_\_\_

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## Insurance Continuation

Insurance continuation is available under Board of Regents policy 802.1006 for surviving dependents of deceased UNG employees (active or retired) with 10 or more years of creditable service.

Were you actively covered under a UNG health insurance policy?                       Yes     No  
If yes, would you like to continue your health coverage?     Yes     No

Were you actively covered under the UNG dental insurance policy?                       Yes     No  
If yes, would you like to continue your dental coverage?     Yes     No

Were you actively covered under the UNG dependent life insurance policy?                       Yes     No  
If yes, would you like to continue your life insurance coverage?     Yes     No

If continuing dependent life insurance, please designate your beneficiaries below:

Beneficiary Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      %: \_\_\_\_\_  
Beneficiary Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      %: \_\_\_\_\_

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_