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1475 Kendale Blvd., PO Box 2560
East Lansing, MI 48826-2560
800.292.4910
www.messa.org

Beneficiary Address Form

Employee Name: _____

Employee Social Security #: --

Provide the name, address, and relationship for each designated beneficiary.

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

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Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

