

# Statement on the Collection and Use of Social Security Numbers

## Human Resources

In accordance with the requirements of Florida law (Section 119.071, Florida Statutes), the University of West Florida collects social security numbers only if specifically authorized or required by law or if imperative for the performance of the University's duties and responsibilities. The University may collect social security numbers for some or all of the following purposes: identity tracking and management; billing and payments; credit worthiness; data collection; reconciliation and tracking; benefit processing; tax and scholarship reporting; financial aid processing; student health services, and reporting to authorized state and federal government agencies. Federal and state laws require us to protect social security numbers from disclosure to unauthorized parties. Students and employees are assigned UWF identification numbers to assist in tracking and protecting their personal information.

<b>UWF Forms</b>	<b>Form Purpose</b>	<b>Purpose for SSN#</b>	<b>Statutory Authority</b>	<b>Mandated, Authorized or Business Imperative</b>
FRS Certification Form	Eligibility to be employed	Applicant Identification	Section 119.071(5)(a)6.g, F.S.	Mandated
Level II Background Screening Request Form	Eligibility to be employed in a position of special trust	Applicant/employee identification	Section 119.071(4)(a)2.b., F. S.	Mandated
Verification of Employment Authorization Release	Employment verification	Employee identification	Section 119.071(5)(a)(2)(a)(II), F.S.	Business Imperative
<b>Third Party Non-UWF Forms</b>	<b>Purpose</b>	<b>Purpose of SSN#</b>	<b>Statutory Authority</b>	<b>Mandated, Authorized or Business Imperative</b>
Form I-9, Employment Eligibility Verification (US Department of Homeland Security)	Verify each new employee (both citizen and noncitizen) hired after Nov 6, 1986, is authorized to work in the United States.	Citizen and noncitizen identification	U.S. Dept. of Homeland Security, U.S. Citizenship and Immigration Services; Immigration Reform and Control Act of 1986, Pub. L. 99-603(8 USC 1324a)	Mandated
Form W-4, Employee's Withholding Allowance Certificate	Tax reporting	For employee identification	I.R.C. Section 6109	Mandated
Florida retirement contribution reports and forms (Florida Department of Revenue)	Administration of pension benefits	For employee identification	Section 119.071(6)(g), F.S.	Business Imperative
Worker's Compensation Amerisys forms on behalf of Risk Management, STARS reports of lost wages and First Report of Injury	For report and documentation of work-related injury and follow up	For employee identification	Section 440.185(2)(b), F.S.	Mandated
I.R.C. Section 403b,457b contribution reports (Internal Revenue Service)	Employee enrollment and claims	For employee identification	I.R.C. Section 6109	Mandated
State of Florida New Hire Report (Department of Revenue)	Administration of various programs: child support enforcement, Medicaid, unemployment compensation, Food Stamp, aid to disabled, etc.	New hire identification	Section 409.2576, F.S.	Mandated
State sponsored insurance enrollment forms and reports (group health, life, and dental coverage) (limited to dependents)	Administration of health benefits	Dependent identification	Section 119.071(6)(f), F.S.	Business Imperative
Agency for Workforce Innovation Unemployment Compensation forms	Verification of benefits eligibility	Employee identification and verification with Social Security Administration	Section 443.091(1)(g), F.S.	Mandated
FICA Alternative Plan Forms (OPS Retirement)	Selection of 401(a) Investment options and Beneficiaries	Reporting	(OBRA 90) IRC 3121(b)(7)(F).	Business Imperative

## Beneficiary Designation



### Securian Financial Group, Inc.

Securian Life Insurance Company • Minnesota Life Insurance Company  
Tallahassee Branch Office • PO Box 14289, Tallahassee, FL 32317-9804  
1-888-826-2756 • Fax 1-850-878-0048

Visit [www.lifebenefits.com/florida](http://www.lifebenefits.com/florida) to designate your beneficiary.

### INSTRUCTIONS:

1. Clearly print or type the information.
2. Sign and date the completed form.
3. Return to: Tallahassee Branch Office  
PO Box 14289  
Tallahassee, FL 32317-9804

or Fax to: 1-850-878-0048

### GENERAL BENEFICIARY INFORMATION:

- Completing this Beneficiary Designation form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- When the completed beneficiary form has been accepted, you will be mailed a confirmation.
- **Primary Beneficiary:** This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. The total shares must equal 100%
- **Contingent Beneficiary:** If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. The total shares must equal 100%.
- **Naming Minor Children:** You may name your children (by name) directly, or to a trust. Minors cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed guardian or held until the minor child is legal age.
- **Trust:** Provide the trust name, effective date and tax ID or Social Security number (if applicable) - i.e., "John Smith Trust dated 01/01/20xx."
- **Charity:** Provide the full name, address, tax ID number.

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# Beneficiary Designation

Securian Financial Group, Inc.  
 Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name <b>State of Florida</b>		Policy number <b>33503</b>
Insured's name (first, middle initial, last)		ID (or last four of SSN)
Address (street, city, state, zip)		Email address
Insured's date of birth	Policyowner (if different than insured)	Policyowner's phone number

**This designation applies to all coverages.**

**PRIMARY BENEFICIARY(IES)** - The person or persons named will receive the benefit.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	

**Total Primary Shares Must Equal 100%**

**CONTINGENT BENEFICIARY(IES)** - Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	

**Total Contingent Shares Must Equal 100%**

**SIGNATURE REQUIRED** - This beneficiary revokes all prior designations.

Policyowner's signature <b>X</b>	Date
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Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer.