Federation Members Only!

Life and Accidental Death/ Dismemberment Insurance Policy*

* Available to members in good standing (current on payment of dues) for one full year. The policy amount is lowered after the age of 75.

\$5,000

\$5,000/\$10,000

\$2,500/\$5,000

Life Insurance

Accidental Death

Dismemberment

At this time, all beneficiaries are listed as "to the estate of..." All members have the option and are encouraged to select a beneficiary of their choice.

Complete the Beneficiary form below, detach and mail to:

National Federation of Public and Private Employees - 1700 NW 66th Avenue; Suite 100 ~ Plantation, Florida 33313

| National Federation of Funite and Private Employees ~ 1700 IVW both Avenue; Suite 100 ~ Plantation, Florida 33313 | | | | | | |
|---|---|------------------------------|--------------------------------------|---|------------------------------|--------------|
| BENEFICIARY DESIGNATION FORM FOR GROUP LIFE INSURANCE | | | | | OFFICE CODE: | Mem |
| Please Use Ink or Type (| ROUP ID: FLFED | | GROUP POLIC | Y #: 01-0067516 | 5 | |
| A, EMPLOYEE INFORM | MATION | | | | | |
| Employer Name/Company Na | ne (Please Print) | | | | | |
| FEDERATION OF I | PUBLIC AND | PRIVAT | E EMPLOY | 'EES, AFL-CI | Ю | |
| Social Security Number | Last Name | | First Name | | М | |
| Street Address Cit | У | Stale | Zip | Date of Birth | Gender | Female |
| B. BENEFICIARY DESI | GNATION INFOR | RMATION | | 44, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | |
| Primary Beneficiary | | | Contingent | Beneficiary | | |
| Name | | | Name | ATT. Market and an inches and a second and | | |
| Address | | | Address | | | _ |
| | | | | | | - |
| Date of Birth | | | Dale of Birtin | | - | |
| \$.\$.# | | | S.S.# | | | |
| Relationship | | | Relations in | | | _ |
| Note: A Contingent B wish to designate more | eneliciery will rece than one Primary. | ive benedits or Contingen | only if the Prin I Beneficiary pl | nany Beneficiery do ease, while on the b | bes not survive you back. | . If you |
| C. SIGNATURE I hereby designate the abormy death. | ve person(s) as bei | neficiary to re | eceive payment | of my Ufe Insuran | ce proceeds in the a | went of |
| <u> </u> | Employee Signati | ure | , | | Date Signed | ····· |