

Federation Members Only!

FREE 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
Life Insurance

\$5,000/\$10,000
Accidental Death

\$2,500/\$5,000
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

BENEFICIARY DESIGNATION FORM FOR GROUP LIFE INSURANCE

OFFICE CODE: Mem

Please Use Ink or Type GROUP ID: FLFED GROUP POLICY #: 01-0067515

A. EMPLOYEE INFORMATION

Employer Name/Company Name (Please Print)

FEDERATION OF PUBLIC AND PRIVATE EMPLOYEES, AFL-CIO

Social Security Number	Last Name	First Name	MI
Street Address	City	State	Zip
		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

B. BENEFICIARY DESIGNATION INFORMATION

Primary Beneficiary	Contingent Beneficiary
Name _____	Name _____
Address _____	Address _____
Date of Birth _____	Date of Birth _____
S.S.# _____	S.S.# _____
Relationship _____	Relationship _____

Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than one Primary or Contingent Beneficiary, please write on the back.

C. SIGNATURE

I hereby designate the above person(s) as beneficiary to receive payment of my Life Insurance proceeds in the event of my death.

Employee Signature

Date Signed