

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 and mail to: National Federation of Public and Private Employees
1700 NW 66th Ave, Plantation FL 33313 Suite 100

Policyholder/Employer: FEDERATION OF PUBLIC AND PRIVATE EMPLOYEES	Policy Number(s) 01-0067515	Group ID FLFED
Member Name:	Member Social Security or Certificate Number	
Member Address (Street, City, State)	Member Telephone Number	

WHO ARE YOUR BENEFICIARIES? It is very important to clearly indicate your primary beneficiary (ies) and contingent beneficiary (ies). Proceeds are paid to contingent beneficiary (ies) only if there is no surviving primary beneficiary (ies). If multiple primary beneficiaries or contingent beneficiaries are named and no percentage distribution is noted, then any proceeds payable to such beneficiaries will be split equally. If more space is needed to list your beneficiaries please attach a sheet to this form. The beneficiary(ies) named on this form will be valid for all basic, optional, and/or voluntary group term life and AD&D coverage unless otherwise indicated by you. The beneficiary designation may not go into effect until this form is signed and dated by you.

PRIMARY BENEFICIARY (IES)

Primary Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Address:				
Name: Address:				
Name: Address:				

CONTINGENT BENEFICIARY (IES): Contingent beneficiaries will only receive benefit if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Address:				
Name: Address:				
Name: Address:				

COMPLETING YOUR BENEFICIARY DESIGNATION FORM

- At the top of the form, fill in the information regarding your employer and yourself.
- Next complete the information regarding who will be your primary and contingent beneficiaries. A primary beneficiary will be the person/people that you want to receive the life insurance benefit. The contingent beneficiary or beneficiaries will only receive the life insurance benefit if the primary beneficiary (ies) is no longer living. Indicate the percentage of the benefit amount that the beneficiary will receive. Do not use dollar amounts. Percentages must add up to 100%.
- If you live in a community property state, are married and naming someone other than your spouse as the primary beneficiary, you should have your spouse sign this form to avoid any delays at claim time.
- Sign and date the form.

Signature of Member

Date: _____