

TEAMSTERS UNION 25 HEALTH SERVICES & INSURANCE PLAN



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 Website: <http://www.teamsterscare.com>



Change of Beneficiary Form TeamstersCare Life Insurance and Accidental Death & Dismemberment

Information about you (please print)

(Last Name)	(First)	(M.I.)
(Street Address)	(City)	(State) (Zip)
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(Phone Number)	(Member Social Security Number)	
/ /	single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/>	male <input type="checkbox"/> female <input type="checkbox"/>
(Birthdate)	(Marital Status)	(Sex)

Information about your new beneficiary or beneficiaries

So long as you adhere to any state or federal laws that might apply, you can designate anyone you choose as your beneficiary – or you can name several people as multiple beneficiaries. Originally, you name your beneficiaries when you enroll in TeamstersCare, but you can change your designation at any time, provided you use this Change of Beneficiary form.

Designating Your Beneficiary or Beneficiaries

If you name more than one beneficiary, you can also specify how you wish your life insurance benefit to be divided. If you do not name a beneficiary, your life/AD&D benefits will be paid to the first person in the following order: (1) your husband or wife, (2) your children – insurance amount distributed equally, (3) your parents – insurance amount distributed equally, (4) your brothers and sisters – insurance amount distributed equally, (5) the executor of your estate. In the spaces below, fill in the information requested. In the far right column, indicate, for each beneficiary, the percentage of your total benefit you want that particular individual to receive. When you're done, the %'s in the far right column must add up to 100%. Please print all information.

My Beneficiary or Beneficiaries			
#	Name	Address	% of benefit
1	(Last)	(Street)	
	(First) (M.I.)	(City) (State) (Zip)	
2	(Last)	(Street)	
	(First) (M.I.)	(City) (State) (Zip)	
3	(Last)	(Street)	
	(First) (M.I.)	(City) (State) (Zip)	
4	(Last)	(Street)	
	(First) (M.I.)	(City) (State) (Zip)	

Your Signature (full name)

Today's Date

Revised 6/06