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 www.teamsterscare.com

Change of Beneficiary Form

TeamstersCare Life Insurance and Accidental Death & Dismemberment

Member Information (All Information Required)	SS#	<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"/>
Social Security Number												
First Name _____ MI _____ Last Name _____												
Birth Date ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status (Check One): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed												
Address _____ City _____ State _____ Zip _____ <small>Number & Street</small>												
Cell Phone: _____ Home Phone: _____												
E-mail Address _____												

Information About Your New Beneficiary or Beneficiaries

As long as you adhere to state or federal laws that 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, however you can change your designation at any time, provided you complete and submit 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 according to the life insurance carrier's guidelines. In the spaces below, please fill in the information requested. The %'s in the far right column must add up to 100%. Please print all information. Contact TeamstersCare Member Services if you wish to receive a copy of the insurance policy documents.

First Name _____	Last Name _____	Date of Birth ____/____/____	Relationship _____
Address _____	Benefit % _____		
<small>Number & Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
<small>Phone number</small>			
First Name _____	Last Name _____	Date of Birth ____/____/____	Relationship _____
Address _____	Benefit % _____		
<small>Number & Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
<small>Phone number</small>			
First Name _____	Last Name _____	Date of Birth ____/____/____	Relationship _____
Address _____	Benefit % _____		
<small>Number & Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
<small>Phone number</small>			

Acknowledgment and Signature

I designate the above named person(s) as my beneficiary(ies). I understand that I can change them at any time by completing and submitting a new Change of Beneficiary Form to TeamstersCare.

Member's Signature _____ Date _____