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Designation of Beneficiary for the Death Benefit*

Your Last Name		First Name		Middle Initial
Your UFCW Health Card ID# or SS#			Your Daytime Area Code/Phone #	
Your Street Address		City	State	ZIP

Primary Beneficiary(ies)—Will receive death benefits first in equal shares:

First Name	Last Name	Relationship	Date of Birth	SS# (optional)

Contingent Beneficiary(ies)—Will receive death benefits in equal shares if no primary beneficiary survives:

First Name	Last Name	Relationship	Date of Birth	SS# (optional)

If any listed beneficiary is not related to you, please provide his or her address on the back of this form.

I understand that if I name my former spouse as a beneficiary, payment will be made to the former spouse only if I identify him or her on this Designation of Beneficiary form as an “ex-husband,” “ex-wife,” or “ex-spouse.” I hereby revoke all prior designations of beneficiaries that I have made.

Signature of Employee-Member

Date Signed

For Office Use
