

United Food & Commercial Workers Unions & Employers Midwest Health Benefits Fund
United Food & Commercial Workers Union & Employers Calumet Region Insurance Fund
 18861 90TH AVE, SUITE A, MOKENA, IL 60448 ♦ 800-621-5133 ♦ FAX 847-384-0197 ♦ www.ufcwmidwest.org

Designation of Beneficiary for the Death Benefit *

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

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

First Name	Last Name	Relationship	Date of Birth	SS#	Full Address

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

First Name	Last Name	Relationship	Date of Birth	SS#	Full Address

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