

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 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

*Midwest Health Fund death benefits are provided under a life insurance policy issued by Fort Dearborn Life Insurance Company.