

Beneficiary Designation - Sanitation Officers Association – Local 444

Employee General Information					
Last Name	First Name	Middle Initial	Social Security No. - - -		
Beneficiary Designation					
If more than one beneficiary is desired, please write their name(s) and relationship(s) on the lines below. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one beneficiary is designated, settlement will be made in equal shares to such designated beneficiaries (or beneficiary) as survive you, unless otherwise provided in the designation. If no designated beneficiary survives you, the settlement will be made as stated in the Group Contract.					
Optional Term Life and Voluntary AD&D – Primary Beneficiary Designation					
(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address: _____					
(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address: _____					
Optional Term Life & Voluntary AD&D – Contingent Beneficiary Designation					
(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address: _____					
(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address: _____					
Employee Signature _____			Date (Month, Day, Year) _____		
Witness Signature _____			Date (Month, Day, Year) _____		
Notary Public with Stamp _____					
IMPORTANT: THIS FORM MUST BE NOTARIZED IN ORDER FOR IT TO BE VALID					
Please mail form to: Union Benefit Planners 120 Eagle Rock Ave. Suite 195–East Hanover, NJ 07054, Attn: Dennis Scire					

