

UFCW Local One Benefit Funds

BENEFICIARY FORM
Retiree/Disability Life Insurance

MEMBERS NAME: _____

MEMBERS SOC.SEC.# _____ / _____ / _____

The UFCW District Union Local One Health Care Plan is hereby notified that my beneficiary(s) shall be:

Beneficiary(s): Please list address and phone number if available. See the back of this form on how to list your beneficiary.

Signature of Member

Date

NOTE: The beneficiary form must be witnessed by someone other than the beneficiary(s) or a relative:

Signature of Witness

Date

HOW BENEFICIARIES SHOULD BE NAMED

You should designate a beneficiary. Always show the full name of the beneficiary, for example: *Mary T. Doe* not *Mrs. John Doe*. Also include the address and phone number of the beneficiary(s)

The following are *examples* of the standard wording for beneficiary designations most commonly used where the Death Benefit is to be payable in a single sum:

1. One Beneficiary – MARY T. DOE, spouse.
2. Two Beneficiaries – In equal shares to my children, JOHN DOE and JANE DOE, if living at my death or to the survivor of them.
3. Three Beneficiaries – In equal shares to my mother, RUTH DOE, and my aunts, EDNA JONES and ANN BROWN, if living at my death or to such of them as shall then be living.
4. Unnamed Children – In equal shares to my children if living at my death or to such of them as shall be living. *(Please note that children under the age of 18 cannot collect benefit until they reach the legal age of 18).*
5. Successive Beneficiaries – My spouse, JOHN L. SMITH, if living at my death; if not then living, in equal shares to my children if then living or to such of them as shall be then living.
6. Estate – My executors or administrators.
7. Trustee – The filing with the insurance carrier or the Fund of a copy of the trust agreement is not required. It is understood and agreed that the Fund will not be responsible for any failure of a trustee to perform the duties of trustee nor for the application or disposition of any money paid to a trustee and such payment will fully discharge the Fund of the amount so paid.
8. Funeral Home – You can designate payment directly to the funeral home and have on file with the funeral home an Assignment Form, filled out and signed with the funeral home.