

**Designation of Beneficiary**

Policyholder UNITED WELFARE FUND	Policy Number(s) VAR206830
Insured Name (PRINT)	Social Security Number

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

**Primary Beneficiary(ies)**

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

\* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

**Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)**

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

\* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured		
Address		Employer	

**Please return this form to:** United Public Service Employees Union  
 3555 Veterans Hwy, Suite H  
 Ronkonkoma, NY 11779  
 631-738-8773 Fax 631-738-7236

EFN-1093

Effective date: April 1, 2018