

Local 22, GROUP LIFE INSURANCE

As of 01/01/2019

\$100,000 Plus \$50,000 AD&D and LODD

Primary Beneficiaries:

If there are more than 2 Primary Beneficiaries, please ask for an additional form and use whole percentages for their share.

Name: _____

Name: _____

Relationship: _____ (%) : _____

Relationship: _____ (%) : _____

City: _____ State: _____

City: _____ State: _____

Phone #: _____

Phone #: _____

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Contingent Beneficiaries:

Contingent Beneficiaries will receive these benefits if your Primary Beneficiaries cannot or if they refuse the benefits

Name: _____

Name: _____

Relationship: _____ (%) : _____

Relationship: _____ (%) : _____

City: _____ State: _____

City: _____ State: _____

Phone #: _____

Phone #: _____

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Name: _____

Name: _____

Relationship: _____ (%) : _____

Relationship: _____ (%) : _____

City: _____ State: _____

City: _____ State: _____

Phone #: _____

Phone #: _____

Print Name: _____ **Payroll #:** _____

Member's Signature _____ **Date:** _____