Beneficiary Designation Form for Group Insurance Products Underwritten by:

AXIS Insurance Company

New York Life Insurance Company

Instructions: As a member of your organization, you are eligible for benefits under group insurance policies provided through Provident Claims Services, Inc. You have the right to name a beneficiary. If you choose **not** to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable to in the order listed below:

a. spouse;
b. child or children, equally, if living, otherwise to their descendants per stirpes;
c. parents, equally or to the survivor;
d. sisters or brothers, equally or to the survivor or survivors;
e. your estate.

If you would like to name a specific beneficiary(ies), then you need to complete this form. Completed beneficiary designation forms must be filed with your organization.

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).

- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want to be paid to each contingent beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).

- **Minor Beneficiary(ies)** - When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.

- **Trust** - You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **A&H** is Accident & Health insurance provided by your organization for which they pay the premiums.

- **AD&D** is Accidental Death & Dismemberment insurance provided by your organization for which they pay the premiums.

- **Critical Illness** is group Critical Illness insurance provided by your organization for which they pay the premiums.

- **Group Life** is life insurance provided by your organization for which they pay the premiums.

- **Cancer**: Firefighter Cancer Health Care Benefit Plan **or** a cancer insurance program provided by your organization for which they pay the premiums.

If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** - You can change your beneficiary designation at any time. You should review your designation periodically.

- **Consult an Attorney** - This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

PROVIDENT CLAIMS SERVICES

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Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary designation forms must be kept on file with your organization.**

Section 1: Policyholder Information

Organization Name			Phone	
Organization Address	City	County	State	Zip

Section 2: Member Information

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security #

Check the coverages to which this beneficiary designation form applies. ☐ A&H ☐ AD&D ☐ Critical Illness ☐ Group Life ☐ Cancer ☐ All

Section 3: Primary Beneficiary(ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%
				Total Must Equal 100%

Section 4: Contingent Beneficiary(ies)

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%
				Total Must Equal 100%

Section 5: Signature

X _____

Member Signature

Date