

Local 478 Health Benefits Fund
Change of Beneficiary Form
Death Benefit

Employee Name: _____ **SS/ID Number:** _____

I request that any sum becoming payable by reason of my death, whether natural or accidental, be payable to the following beneficiary (ies):

A) Primary Beneficiary (Name and address): _____

Telephone number of Beneficiary: (____) _____

Relationship to Employee: _____

Beneficiary's Date of Birth: _____

Beneficiary's Social Security Number: _____

B) Contingent Beneficiary (if primary beneficiary predeceases me) (Name and Address):

Telephone # _____ Relationship to Employee: _____

Contingent Beneficiary's Date of Birth: _____

Contingent Beneficiary's Social Security Number: _____

If more than one person is named, the beneficiaries shall share equally unless otherwise stated above. The Designation of Beneficiary is subject to all conditions shown on the reverse side of this form.

It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all elections of optional methods of settlement previously made by me under said policy.

Employee's Signature

Date

Signature of Witness
(Other than member or Beneficiary)

If you are changing your beneficiary, please indicate the reason below: (i.e. divorce, death, etc.):

Please return this form as soon as possible to: (Attention Lisa)

Local 478 Health Benefits Fund
1965 Dixwell Avenue
Hamden, CT 06514-2400

Change of Beneficiary Form Continued

Conditions:

Unless otherwise expressly provided in this Change of Beneficiary Form, if any beneficiary hereby designated predeceased me, the share which such beneficiary would have received if such beneficiary had survived me, shall be payable equally to the remaining designated beneficiary or beneficiaries. If no designated beneficiary survives me, any sum becoming payable by the Fund by reason of my death shall be payable to my Estate.

Instructions:

If a mistake is made, no erasures or corrections should be attempted, but a new form should be used. The printed material on this form should not be deleted or altered in any way. You may call the Fund Office to request a new form if necessary at the number below.

If a married woman is to be named, her full given name should be shown -for example: use Mary J. Smith; not Mrs. John Smith. If the form is to be signed by a married woman, she should sign her given name.

When two or more beneficiaries are to be named, and they are not to share the benefit amount equally, the fraction each beneficiary is to receive should be shown; dollars and cents should not be specified. Example: If three children are listed as beneficiaries, and the oldest is to receive half of the benefit, indicate the beneficiary's name and that he/she is to receive 1/2 of the death benefit with the other two children (include names) each to receive 1/4 of the remaining benefit.

Please call the Fund office at 1-866-288-9261 (toll free) ext 253 if you have any questions.