



# BENEFICIARY FORM

## LIFE INSURANCE

<b>Section A: Plan Participant Information</b>			
Member's Name	Member's Social Security or ID #	Phone #	
Address	City	State	Zipcode

<b>Section B: Event of your death</b>
<p>The Life Insurance benefit is payable to your beneficiary in the event of your death while you are covered under the Plan. The amount of your Life insurance benefit is determined by your length of employment and Unit coverage that is show in your Schedule of Benefits. If you do not name a beneficiary or your beneficiary passes away before you do, the Life insurance benefit will be paid in the following order:</p> <ol style="list-style-type: none"> <li>1. To your legal surviving spouse, provided you are not divorced or legally separated; or</li> <li>2. To your children, equally; or</li> <li>3. To your parents, equally; or</li> <li>4. To your brothers and sister, equally; or</li> <li>5. To your estate.</li> </ol>

<b>Primary Beneficiary</b>			
Name	Relationship to You	Phone #	
Address	City	State	Zip code
Percent			

<b>Secondary Beneficiary</b>			
Name	Relationship to You	Phone #	
Address	City	State	Zip code
Percent			

<b>Third Beneficiary</b>			
Name	Relationship to You	Phone #	
Address	City	State	Zip code
Percent			

Signature	Date
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***Continue on reverse for more information on your Life Insurance Benefit and submitting this form.***

## Employee-Only Benefits

Life Insurance Benefit		
Level Of Coverage	Unit 1	Unit 2
In the event of your death	Hire date at least one year but less than 10 years \$10,000 at least 10 years but less than 15 years \$15,000 at least 15 years but less than 20 years \$20,000 20+ years \$25,000	Hire date at least one year but less than 10 years \$2,000 at least 10 years but less than 15 years \$5,000 at least 15 years but less than 20 years \$10,000 20+ years \$15,000
Accidental Death and Dismemberment Benefit		
In the event your death is a result of an accident your beneficiary will receive the following in addition to the Life Insurance Benefit	Hire date at least one year but less than 10 years \$10,000 at least 10 years but less than 15 years \$15,000 at least 15 years but less than 20 years \$20,000 20+ years \$25,000	Hire date at least one year but less than 10 years \$2,000 at least 10 years but less than 15 years \$5,000 at least 15 years but less than 20 years \$10,000 20+ years \$15,000
Felony Assault	Hire date at least one year but less than 10 years \$1,000 at least 10 years but less than 15 years \$1,500 at least 15 years but less than 20 years \$2,000 20+ years \$2,500	Hire date at least one year but less than 10 years \$200 at least 10 years but less than 15 years \$500 at least 15 years but less than 20 years \$1,000 20+ years \$1,500
Uniplegia	Hire date at least one year but less than 10 years \$2,500 at least 10 years but less than 15 years \$3,750 at least 15 years but less than 20 years \$5,000 20+ years \$6,250	Hire date at least one year but less than 10 years \$500 at least 10 years but less than 15 years \$1,250 at least 15 years but less than 20 years \$2,500 20+ years \$3,750
Hemiplegia, or loss of any one of: hands, feet, sight of an eye, speech, or hearing	Hire date at least one year but less than 10 years \$5,000 at least 10 years but less than 15 years \$7,500 at least 15 years but less than 20 years \$10,000 20+ years \$12,500	Hire date at least one year but less than 10 years \$1,000 at least 10 years but less than 15 years \$2,500 at least 15 years but less than 20 years \$5,000 20+ years \$7,500
Paraplegia	Hire date at least one year but less than 10 years \$7,500 at least 10 years but less than 15 years \$11,250 at least 15 years but less than 20 years \$15,000 20+ years \$18,750	Hire date at least one year but less than 10 years \$1,500 at least 10 years but less than 15 years \$3,750 at least 15 years but less than 20 years \$7,500 20+ years \$11,250
Quadriplegia, or loss of any two of: hands, feet, sight of an eye, speech, or hearing	Hire date at least one year but less than 10 years \$10,000 at least 10 years but less than 15 years \$15,000 at least 15 years but less than 20 years \$20,000 20+ years \$25,000	Hire date at least one year but less than 10 years \$2,000 at least 10 years but less than 15 years \$5,000 at least 15 years but less than 20 years \$10,000 20+ years \$15,000
Accelerated Benefit		
In the event you have a terminal illness with a life expectancy of 12 months or less	Hire date at least one year but less than 10 years \$5,000 at least 10 years but less than 15 years \$7,500 at least 15 years but less than 20 years \$10,000 20+ years \$12,500	Hire date at least one year but less than 10 years \$1,000 at least 10 years but less than 15 years \$2,500 at least 15 years but less than 20 years \$5,000 20+ years \$7,500

### Please submit this form via one of the following:

- 1
 Log into your participant portal at [www.655hw.org](http://www.655hw.org) and send your form directly to your Welfare Fund file by using the **"FORM UPLOAD"** feature
- 2
**Fax:** 314.966.9848
- 3
**Mail to:**  
**UFCW LOCAL 655 WELFARE FUND**  
**300 Weidman Road, Suite A**  
**Ballwin, Missouri 63011**