



**BENEFICIARY DESIGNATION FORM  
GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT  
CRITICAL ILLNESS AND ACCIDENT INSURANCE**

First Unum Life Insurance Company  
Unum Insurance Company  
Provident Life and Casualty Insurance Company  
The Paul Revere Life Insurance Company

**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 to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

**SECTION 1: Employee Information**

Name (Last Name, Suffix, First Name, MI)		Social Security Number:
Mailing Address:		Date of Birth:
Policy Number(s) 715840	Division Number(s)	
Employer Name  New York Building Managers Association	Check the coverages listed below to which this beneficiary designation applies: <input checked="" type="checkbox"/> Basic Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accident <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> All	

**SECTION 2: Primary Beneficiary (ies)**

I choose the person(s) named below to be the primary beneficiary(ies) of the Life 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).

1. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)

2. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)

3. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)



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**SECTION 3: 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).

1. Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)

2. Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)

3. Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)

**Fraud Warning:** For your protection, Arizona law requires the following to appear on this claim form:  
 Any person who knowingly and with the intent to injure, defraud or deceive an insurance company presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Fraud Warning:** For your protection, New York law requires the following to appear on this claim form:  
 Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**SECTION 4: Signature**

The above statements are true and complete to the best of my knowledge and belief.

**X** \_\_\_\_\_  
**Employee Signature** **Date**

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## Important Information About Designation of Beneficiaries

### Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each 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 life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each 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

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- **Critical Illness** is insurance elected by you for which you pay the premium.
- **Accident** is insurance elected by you for which you 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 may wish to 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.