

Group Term Life Insurance Beneficiary Designation

- This form **MUST** be signed before you return it. See "SECTION III – Signature" on back side.

SECTION I – Member's Information

Card Number	SS#	Group Policyholder Name & Group Number	
		I.B.E.W. Local 134 (252770)	
First Name	Middle Initial	Last Name	
Address 1 – Street		Address 2 or c/o name	
City	State	ZIP Code	
Date of Birth	Phone Number	Email Address	
()			

SECTION II - Beneficiary Information

- You **MUST** designate at least one primary beneficiary. **A person may only be listed once.** Anyone listed as a primary cannot be listed as a contingent. If more than one beneficiary is named, the beneficiaries shall share equally unless otherwise stated below.
- The sum of the Primary Beneficiary percentages **MUST equal 100%**. The sum of the Contingent Beneficiary percentages **MUST equal 100%**. Dollar amounts, fractions and decimals will not be accepted.

Please complete the section that pertains to the type of beneficiary you are designating.

☐ **A. Beneficiaries**

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
First Name	Middle Initial	Last Name		Share: %	
Address – Street	City	State	ZIP Code		
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
First Name	Middle Initial	Last Name		Share: %	
Address – Street	City	State	ZIP Code		
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
First Name	Middle Initial	Last Name		Share: %	
Address – Street	City	State	ZIP Code		
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()		

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
First Name		Middle Initial	Last Name		Share: %
Address – Street		City	State	ZIP Code	
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()		

☐ **B. Living, Trust, Estate or Organization**

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
First Name		Middle Initial	Last Name		Share: %
Address – Street		City	State	ZIP Code	
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()		

SECTION III - Signature

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section II as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Member's Signature (required)

Witness Signature (required)

Date (must be date form was completed)

- ☐ Only Check if you are completing and signing this form as agent for the Member under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.

Mail Completed Form To:

I.B.E.W., Local #134, Attn: Group Life Insurance Dept., 2722 S. King Drive, Chicago, IL 60616

**International Brotherhood of Electrical Workers
Local Union No. 134**

**Plan Summary
Policy Number 252770**

Eligibility	Members in good standing with Local Union No. 134
Effective Date	Coverage takes effect as of January 1, 2024 or the date the member is initiated into Local Union No. 134
Benefit Amount	\$10,000
Assignment	Benefits may be assigned to an individual, trust or viatical company
Beneficiary	<p>The person(s) designated by the insured to receive the insurance proceeds. The designation is revocable and may be changed by the insured at any time</p> <p>If there is no beneficiary on file at time of insured's death, benefits will be paid via facility of payment</p> <ul style="list-style-type: none">• Spouse/domestic partner;• Child(ren);• Parent(s);• Sibling(s); or• Estate
Coverage Ends	<p>Coverage ends at the earliest of</p> <ul style="list-style-type: none">• The policy ends;• The end of the period for which the member has paid premium; or• Date member ceases to be in eligible class