Insulators and Allied Workers National Medical Fund
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Administered by:
NEBA

DESIGNATION OF BENEFICIARY FOR DEATH BENEFITS

In order to help ensure that your loved ones are financially secure in the unfortunate event of your death, the Fund offers a comprehensive program of death and accidental death and dismemberment benefits. The Fund will pay death benefits according to the most recent beneficiary designation which is received in the Fund Office prior to your death. You may change your beneficiary at any time.

Important Rule Regarding the Impact of Divorce on Your Beneficiary Designation

If you name an individual as Designated Beneficiary who is or will later become your spouse, your designation will be automatically revoked and invalidated upon divorce, dissolution of marriage, annulment, or the completion of any other proceeding pursuant to which that person is no longer your spouse. However, you may rename a former spouse as your Designated Beneficiary by forwarding a written designation to the Fund Office in a form acceptable to the Trustees.

SECTION I: Personal Information					
Participant Name:					
Address:					
City:		**State:**		**Zip Code:**	
Telephone:		**Email:**			
SSN (last 4 digits):		**Date of Birth:**			
SECTION II: Primary Beneficiary Designation					
Primary Beneficiary:		**Relationship:**			
Address:					
City:		**State:**		**Zip Code:**	
Telephone:		**Email:**			
SSN:		**Date of Birth:**			
SECTION III: Secondary Beneficiary Designation					
Secondary Beneficiary:		**Relationship:**			
Address:					
City:		**State:**		**Zip Code:**	
Telephone:		**Email:**			
SSN:		**Date of Birth:**			

I acknowledge that the Fund will pay death benefits according to the most recent beneficiary designation received in the Fund Office prior to my death.

Participant Signature: _____ **Date:** _____