



Underwritten by National Union Fire Insurance Company of Pittsburgh, PA New York, New York

Personal Accident Beneficiary Designation Form

Group Policy Name \_\_\_\_\_ Group Policy Number \_\_\_\_\_
Insured's Name \_\_\_\_\_ Phone Number \_\_\_\_\_
Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
City \_\_\_\_\_

Unless otherwise indicated below, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the insured; if no beneficiary survives the Insured, payment shall be made in accordance with the terms of the policy. The right to further change the beneficiary is reserved without the consent of the beneficiary.

BENEFICIARY - PRIMARY

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Phone Number \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

BENEFICIARY - SECONDARY

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Phone Number \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

BENEFICIARY - ADDITIONAL

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Phone Number \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

BENEFICIARY - ADDITIONAL

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Phone Number \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Use additional sheet if more beneficiaries are needed.

INSURED SIGNATURE

DATE

PLEASE RETURN TO YOUR EMPLOYER AND RETAIN A COPY FOR YOUR RECORDS