

Wantagh Fire District Beneficiary Designation Form

Member Name

Badge Number

Date of Birth

Social Security Number

Address

City

State

Zip

E-Mail Address

Please apply to the following policies offered by the Wantagh Fire District **(MEMBER MUST CHECK EACH BOX).**

- ☐ **CANCER INSURANCE**
- ☐ **GROUP LIFE INSURANCE**
- ☐ **ACCIDENT & SICKNESS INSURANCE**
- ☐ **LOSAP SERVICE AWARD**

(Note: If different beneficiaries are desired for different policies than additional forms **MUST** be filled out.)

I hereby designate the following **PRIMARY BENEFICIARIES** for the above indicated policies:

<u>PRIMARY</u> Beneficiary/ies Full Name and Address	Percentage (Must total 100%)	Date of Birth	Relationship

In the event one or all Primary Beneficiaries are not valid. I hereby designate the following **SECONDARY BENEFICIARIES** for the above indicated policies:

<u>SECONDARY</u> Beneficiary/ies Full Name and Address	Percentage (Must total 100%)	Date of Birth	Relationship

General Conditions of Designation

This Designation of Beneficiaries may be changed by filling a new Designation. No Designation shall be effective unless filed with the Wantagh Fire District. Where more than one Primary Beneficiary has been designated distribution will be made in equal amounts, unless otherwise indicated, among those Primary Beneficiaries who are alive at the time of the member's death. If the designated Primary Beneficiary is not alive at the time of the member's death his or her share will be added to the share of each surviving Primary Beneficiary in proportion that the share of each surviving Primary Beneficiary bears to the total share of all surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of the member's death, distribution will be made on the same basis to designated Secondary Beneficiaries.

I reserve the right to change this designation at any time.

Members Name (Print)

Members Signature

Date Signed