



Offered by:

Beneficiary Designation Form
**Group Accidental Death &
Dismemberment Insurance**
Axis Insurance Company



For the members of:

Instructions: As a member of the Firemen's Association of the State of New York, you are eligible for benefits under the group Accidental Death & Dismemberment policy offered by Provident Agency, Inc. You have the right to name a beneficiary. If you choose **not** to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable in the order listed below:

- a. spouse;
- b. child or children, equally, if living, otherwise to their descendants per stirpes;
- c. parents, equally or to the survivor;
- d. sisters or brothers, equally or to the survivor or survivors;
- e. your estate.

If you would like to identify a specific beneficiary(ies), then you need to complete this form. If you do not submit a completed beneficiary designation form to Provident Agency, Inc. at 272 Alpha Drive, Pittsburgh, PA 15238 or fax to 412-963-0415, then any death benefits payable may be made in the order listed above.

For inquiries related to this policy, contact Provident Agency, Inc at 800-447-0360.
For inquiries related to FASNY membership status, call 800-232-7692.

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 to be paid to each primary 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 to be paid to each contingent 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.

Type of Coverage

- **AD&D** is Accidental Death & Dismemberment coverage.

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.



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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 Provident Agency, Inc. by fax to 412-963-0415 or by mail to 272 Alpha Drive, Pittsburgh, PA 15238.**

Section 1: Member Information

Name (Last Name, Suffix, First Name, MI)	FASNY ID #	Date of Birth
Address, City, State, Zip		Social Security Number

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).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage

Section 3: Contingent Beneficiary(ies) **Total Must Equal 100%**

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death.

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage

Section 4: Signature **Total Must Equal 100%**

X _____ Date _____
 Member Signature