Dear BTA Member,

Please complete the attached *Beneficiary Designation Form for Group Life and Group Accident Insurance*. You **MUST** identify a beneficiary to ensure that the proper party receives the benefit. This \$25,000.00 benefit is provided to you at **no cost** by the BOCES Teacher's Association Benefits Trust. Please complete and return this form to:

BTA Benefits Trust Fund PO BOX 566 WHITE PLAINS, NY 10602

Thank you, Melissa Barreto BTA Benefits Chairperson



Beneficiary Designation Form for Group Life and Group Accident Insurance

First Unum Life Insurance Company
Provident Life and Casualty Insurance Company
The Paul Revere Insurance Company

Please fully complete this form and sign it if you wish to designate a beneficiary or if you want to change your existing beneficiary designation.

Social Security Nu	mber		7		
Name (First, Middl	e initial, Last	t)			
Name of current er	nployer- Divi	ision	Pol	icy Number (s)	0//0 000
					8 668 -038
Primary Beneficia					
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1.					0/
Name / Social Securit	y Number	Date of birth	Relationship	Address	%
2.					0/
2. Name / Social Security	y Number	Date of birth	Relationship	Address	%
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