

TEAMCARE

A NATIONAL TEAMSTER HEALTH PLAN

LIFE INSURANCE BENEFICIARY DESIGNATION FORM

Return Completed Form To: Central States/TeamCare, PO Box 5116 Des Plaines IL 60017-5116

Please choose a beneficiary for your TeamCare - A National Teamster Health Plan Life Insurance Benefit by completing the appropriate box or boxes below. **Please type or print your response clearly.**

▶ **PLEASE SIGN AND DATE THE FORM BEFORE RETURNING IT TO TEAMCARE.** ◀

PARTICIPANT'S INFORMATION PLEASE PRINT

Legal Last Name	Legal First Name	MI	Participant's TeamCare ID Number
			8 0 6 _ _ _ _ _

PRIMARY LIFE INSURANCE BENEFICIARY, if living PLEASE PRINT

Beneficiary Last Name	Beneficiary First Name	MI	Relationship to Participant	Social Security Number

If you name more than one primary beneficiary, include all of the names in the spaces above. Please note that any benefit payable will be disbursed in equal shares to the named surviving beneficiary, unless otherwise noted.

CONTINGENT BENEFICIARY PLEASE PRINT

Beneficiary Last Name	Beneficiary First Name	MI	Relationship to Participant	Social Security Number

If the primary beneficiary should become deceased, you may name a contingent beneficiary, or beneficiaries, in the spaces above. Please note that any benefit payable will be disbursed in equal shares to the named surviving beneficiaries, unless otherwise noted.

By signing below, I revoke any previous designation and fully understand that the above beneficiary will remain in effect until such time that I complete a new Designation of Beneficiary form. * **This form must be signed and dated by the Participant to be valid.**

*** Please note: If a Covered Participant's marital status is terminated due to a final decree of divorce, ANY beneficiary designation running in favor of the Covered Participant's divorced spouse made by the Covered Participant prior to the final divorce decree, will be null and void. In this case the Participant must supply the Fund with a properly executed Beneficiary Designation form, otherwise benefits will be payable pursuant to the preference provisions of Plan Section 14.09. Any beneficiary designated, prior to the final decree of divorce, and running in favor of persons OTHER THAN the former (now divorced) spouse will not be affected.**

Signature of Participant

Participant's Local Union

Date Signed

TEAMCARE
LIFE INSURANCE BENEFICIARY DESIGNATION FORM

Plan Default Provisions for Life Insurance Benefits

- In the event of your death and if you have not named a beneficiary or if the beneficiary you named is no longer living — the benefit amount will be paid in full to the first surviving class as follows:
 - Your surviving spouse;
 - Equal shares to your surviving children;
 - Equal shares to your surviving parents;
 - Equal shares to your surviving brothers and sisters; or
 - Your estate.

- In the event of an Accidental Dismemberment, the benefits will be paid to you after the Plan receives satisfactory proof of loss.

- It is important that you keep your beneficiary designations current to ensure benefits are distributed in accordance with your wishes when you die. The Plan must pay Life Insurance and Accidental Death or Dismemberment Benefits in accordance with valid beneficiary notices filed with the Plan.

- If you do not name a beneficiary, Life Insurance and Accidental Death or Dismemberment Benefits will be paid in accordance with the beneficiary order established by the Plan.

IMPORTANT

If you are satisfied with the default provisions for distributing Life Insurance Benefits as indicated above, you do not need to return the enclosed Life Insurance Beneficiary Designation Form.
