EIT BENEFIT FUNDS
SERVING THE CHICAGO ELECTRICAL INDUSTRY SINCE 1930

Group Life Beneficiary Designation

For Office Use Only:
Plan: _____ Coverage Effective Date: _____
Prepared by: _____ Date: _____

Section 1: Participant Information *- Complete this section with your personal information. Please print.*

Name:	**SSN:**	**Date of Birth:**
Street Address:		**Apt #:**
City:	**State:**	**Zip Code:**
Cell Phone: ( )	**Home Phone: ( )**	**E-mail:**

☐ Please check box if the address indicated above is a new address

Section 2: Beneficiary Designation *– Complete this section with designated beneficiary(s) information.*

Primary Beneficiary: *Primary Beneficiary will receive your life insurance benefit at the time of your death, if eligible.*

Name:	**SSN:**	**Date of Birth:**
Relationship:	**Phone: ( )**	
Street Address:		**Apt #:**
City:	**State:**	**Zip Code:**

Contingent Beneficiary: *Contingent Beneficiary(ies) will receive your life insurance benefit in the event your Primary Beneficiary listed above does not survive you. If you name more than one Contingent beneficiary, benefits will be divided equally among any living beneficiaries at the time of your death, unless you indicate otherwise.*

Name:	**SSN:**	**Date of Birth:**
Relationship:	**Phone: ( )**	
Street Address:		**Apt #:**
City:	**State:**	**Zip Code:**

Contingent Beneficiary

Name:	**SSN:**	**Date of Birth:**
Relationship:	**Phone: ( )**	
Street Address:		**Apt #:**
City:	**State:**	**Zip Code:**

Section 3: Signature *- Read carefully. Sign and date below.*

I hereby certify that the foregoing information is true and complete. Coverage is dependent upon the Plan's eligibility requirements and all Plan benefits are subject to the rules adopted by the Board of Trustees of the Electrical Insurance Trustees. This form replaces all previous beneficiary designations, and must be signed and dated to be valid, and shall not become effective until received by the EIT Benefit Funds office.

Participant Signature: _____ **Date:** _____

Return your completed Group Life Beneficiary Designation form to: