

**United University Professions
P.O. Box 15143
Albany, NY 12212-5143
800-342-4206**

PLEASE RETAIN TOP PORTION FOR YOUR RECORDS

Life Benefits Group Policy No. 118668-36

- a. Description of Eligible Class
All persons serving in the UUP Professional Services Negotiating Unit and making membership dues payments or agency fee payments to United University Professions.

- b. Amount of Life Insurance
Life Amount
\$6,000

First UNUM Life Insurance Co.

Beneficiary named: _____



<p>Print Form, Complete, Sign, and Mail or Fax to: UUP Group Life Insurance Beneficiary Card United University Professions P.O. Box 15143, Albany, NY 12212-5143 Fax (866) 559-0516</p>			
<hr/>			
Name (Last, First, MI)	SS # (Optional)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/>			
Address (Include Street Address, City, State, Zip)			
<hr/>			
Campus		E-mail	
<hr/>			
Full Name of Beneficiary	SS # of Beneficiary (Optional)	Beneficiary's Birth Date	Relationship
<hr/>			
Beneficiary's Address (Include Street, City, State, Zip)			
<hr/>			
Signature		Date	