

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