

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 on payroll in the UUP Professional Services Negotiating Unit.
  
- b. Amount of Life Insurance  
Life Amount  
\$6,000

First UNUM Life Insurance Co.

**Beneficiary named:** \_\_\_\_\_



<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			
_____			
Name (Last, First, MI)	NYS Employee ID	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____			
Address (Include Street Address, City, State, Zip)			
_____			
Campus		E-mail	
_____			
Full Name of Beneficiary		Beneficiary's Birth Date	Relationship
_____			
Beneficiary's Address (Include Street, City, State, Zip)			
_____			
Signature		Date	
_____			