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. 118668-35

- Description of Eligible Class
 Retired Members of SUNY Professional Services Negotiating Unit (PSNU) who have ceased active employment due to retirement and have continued paying Retired Membership dues.
- b. Amount of Life Insurance Life Amount \$1000

First UNUM Life Insur	ance Co.		
Beneficiary named:			
*			

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 Name (Last, First, MI) Birth Date ☐ Male Soc. Sec. No. **□** Female Address (Include Street Address, City, State, Zip) **Full Name of Beneficiary** Beneficiary's Relationship Soc. Sec. No. of Beneficiary **Birth Date** Beneficiary's Address (Include Street, City, State, Zip) Date Signature