



CHANGE OF BENEFICIARY FORM

(PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS FORM)

(PRINT OR TYPE IN BLACK INK AND IN CAPITAL LETTERS)

125 Barclay St., New York, NY 10007 – 2179
Telephone: (212) 815-1234

PID #	OR	MEMBER'S SOCIAL SECURITY	MEMBER'S LAST NAME	MEMBER'S FIRST NAME	MI

This beneficiary designation is effective on the date this form is received at the DC 37 Health and Security Plan Office. Divorce from your spouse or domestic partner will not revoke your designation. If you do not wish your former spouse or domestic partner to receive your death benefit, you must fill out a new Change of Beneficiary Form. **This form is not valid unless it is notarized.**

A. PRIMARY BENEFICIARY(IES): If more than one primary beneficiary is named, the Death Benefit will be divided equally among them, unless otherwise indicated.

LAST NAME OF BENEFICIARY			FIRST NAME			MI
BENEFICIARY ADDRESS			APT. #	CITY		
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH *O O F F I [[[+"		

LAST NAME OF BENEFICIARY			FIRST NAME			MI
BENEFICIARY ADDRESS			APT. #	CITY		
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH *O O F F I [[[+"		

LAST NAME OF BENEFICIARY			FIRST NAME			MI
BENEFICIARY ADDRESS			APT. #	CITY		
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH *O O F F I [[[+"		

B. CONTINGENT BENEFICIARY(IES): In the event that the primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies).

LAST NAME OF BENEFICIARY			FIRST NAME			MI
BENEFICIARY ADDRESS			APT. #	CITY		
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH *O O F F I [[[+"		

LAST NAME OF BENEFICIARY			FIRST NAME			MI
BENEFICIARY ADDRESS			APT. #	CITY		
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH *O O F F I [[[+"		

NOTE: If there are additional beneficiaries, please use the other side of this form.

THIS FORM MUST BE NOTARIZED AT THE TIME YOU SIGN IT

X _____ DATE : _____
SIGNATURE OF MEMBER

On this _____ day of _____, 20____, personally appeared before me the said name _____ to me known and known to me to be the person described in and who executed the foregoing instrument, and _____ acknowledged that _____ executed the same, and being duly sworn by me made oath that the statements contained therein are true.

County of : _____ State of : _____

Signature of Notary : _____

Registration No. and Expiration Date : _____

ADDITIONAL BENEFICIARY(IES): List any additional beneficiaries below. (Beneficiaries listed below will be primary unless otherwise indicated).

LAST NAME OF BENEFICIARY										CONTINGENT BENEFICIARY <input type="checkbox"/>										FIRST NAME										MI	
BENEFICIARY ADDRESS										APT. #					CITY																
STATE			ZIP CODE			TELEPHONE NUMBER					RELATIONSHIP					DATE OF BIRTH *O O F F I [[[+															
LAST NAME OF BENEFICIARY										CONTINGENT BENEFICIARY <input type="checkbox"/>										FIRST NAME										MI	
BENEFICIARY ADDRESS										APT. #					CITY																
STATE			ZIP CODE			TELEPHONE NUMBER					RELATIONSHIP					DATE OF BIRTH *O O F F I [[[+															
LAST NAME OF BENEFICIARY										CONTINGENT BENEFICIARY <input type="checkbox"/>										FIRST NAME										MI	
BENEFICIARY ADDRESS										APT. #					CITY																
STATE			ZIP CODE			TELEPHONE NUMBER					RELATIONSHIP					DATE OF BIRTH *O O F F I [[[+															

INSTRUCTIONS FOR COMPLETING THE CHANGE OF BENEFICIARY FORM

This form provides you with an opportunity to designate a beneficiary or beneficiaries for the Death Benefit.

PLEASE NOTE THE FOLLOWING:

- You must fill in your PID number or Social Security correctly.
- Complete all information regarding your beneficiary(ies); name, full address, telephone number and relationship.
- Sign and date the Change of Beneficiary Form and keep a copy of this notarized form for your file.
- Your signature on the Change of Beneficiary Form must be notarized at the time you sign it.
- Only you can change your beneficiary designation. **Any change by Power of Attorney is invalid.**
- **Change of Beneficiary Form received without signature, date, or notarization is invalid.**

Please note that this completed and notarized Change of Beneficiary Form will designate who receives your Death Benefit. No changes will be made until a new completed and notarized form is received at the following address:

**DC 37 Health and Security Plan
125 Barclay Street
New York, N.Y. 10007
Attn: Eligibility Enrollment Unit
Fax:(212) 298-9880**

Divorce from your spouse or domestic partner will not change your designation. If you do not wish your former spouse or domestic partner to receive your death benefit, you must fill out a new Change of Beneficiary Form.

It is your responsibility to keep all information on this form up to date.