



Designation of Beneficiary for Accidental Death and Dismemberment Policy

A Union of Professionals

AFT+
Member Benefits

Member's Name _____ Social Security No. _____

Email Address _____ Local Union No. _____

Policyholder **American Federation of Teachers** Policy No. **C-4363**

Name of Beneficiary _____

Address _____

City _____ State _____ Zip Code _____

Signature of Member _____ Date _____
(Required)

This card, when completed, is to be retained by the local until coverage under the policy terminates with respect to the named member, unless sooner changed or revoked by the member.

ULLAFTBenCard - 6/06