Amalgamated Life

333 Westchester Avenue • White Plains, NY 10604

ENROLLMENT FOR LIFE INSURANCE

EMPLOYER/POLICYHOL	DER				DOL TO	MILMOED
NAME & ADDRESS UFCW 1442			POLICY NUMBER 26CA04			
1PLOYEE / INSURED'S	(LAST)			(FRST)		ADDLE INITIAL
ME & ADDRESS	(222)			(101)	·	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
STREET						
CITY, STATE, ZIP			D . (D) .1		(T) 437)	T gyp. p.
SOCIAL SECURITY NO.			Date of Birth	(MONTH)	(DAY)	(YEAR)
PLACE OF BIRTH				SEX		l .
(CITY, STATE)				□м	ALE	FEMALE
CCUPATION			EMPLOYMENT DATE	EFFE	CTIVE DA	ATE
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RIMARY e proceeds shall be divided me	(Please Indicate	e a Primary and C	ontingent Beneficiary)	vho surviv	e the Insure	ed.
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Complete your Beneficiary Designation Form and return it to our office.