United Food and Commercial Workers
Unions and Employers Midwest Health Benefits Fund
Administered by Wilson-McShane Corporation

1431 Opus Place, Suite 350
Downers Grove, IL 60515

Phone: (847) 720-0008
Fax: (847) 384-0197
Toll Free: (800) 621-5133
www.ufcwbenefitfunds.com

Designation of Beneficiary for the Life Insurance Benefit *

Member Last Name	First Name	Middle Initial	Member UFCW Health Card ID# or SS#	Member Daytime Phone#

Member Street Address	City	State	Zip Code

Primary Beneficiary(ies)

First Name	Last Name	Relationship	Date of Birth	SS#		% of benefit

Contingent Beneficiary(ies)

First Name	Last Name	Relationship	Date of Birth	SS#	Full Address	% of benefit

I hereby direct that, in the event of my death, any death benefits due under the Plan be paid to the Primary Beneficiary(ies) named above, or if no Primary Beneficiary survives me, to the Secondary Beneficiary(ies) named above. I also revoke any and all prior beneficiary designations made by me relative to the Plan and reserve the right to revoke or change this designation at any time. This designation shall become effective upon its receipt by the Fund Office until replaced by a later designation.

Member's Signature

Member's Social Security No.

Member's Name (please print)

Date

Return completed form to:

UFCW Benefits Fund Office
c/o Wilson-McShane Corporation
1431 Opus Place, Suite 350
Downers Grove, IL 60515

*UFCW Midwest Health Fund death benefits are provided under a life Insurance policy Issued by Blue Cross Blue Shield