



return to your local OR to the AFT Member Benefits; 555 New Jersey Avenue, NW; WDC 20001 or scan and send to [aftplus@aft.org](mailto:aftplus@aft.org)

*A Union of Professionals*

**AFT +**

Member Benefits

## Designation of Beneficiary for Accidental Death and Dismemberment Policy

Underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies

Member's Name \_\_\_\_\_ Last 4 of Social Security No.: XXXX-XX-\_\_\_\_\_

Email Address \_\_\_\_\_ Local Union No. \_\_\_\_\_

Policyholder **American Federation of Teachers**

Policy No. Local Paid: 9908-80-61

AFT Paid: 9908-81-09

Name of Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

**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.**

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

(Required)