The Fourth Episcopal District

 AFRICAN METHODIST EPISCOPAL CHURCH

The Bishop Richard Allen House - 4448 South Michigan Ave. – Chicago, Illinois 60653

THE RT. REVEREND JOHN FRANKLIN WHITE, PRESIDING PRELATE

**Designation of Beneficiary Form**

Office: 773.955.9825

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| **Employer/Group Section** (to be completed by the employer/plan administrator. Required fields are marked with an asterisk (\*).) |
| \*Employer/Group Name:The Fourth Episcopal District, African Methodist Episcopal Church | Group ID:GLUG-AJ8J |
| **Employee/Member Section** (Please print clearly. Required fields are marked with an asterisk(\*).)  |
| \*Last Name:  | \*First Name:  | MI:  |
| \*Social Security Number:  | \*Birth Date (MM/DD/YYYY):  | \*Gender:  | \*Marital Status:  |
| \*Street Address:  | E-mail Address:  |
| \*City:  | \*State:  | \*Zip Code:  | Telephone:  |
| **Beneficiaries for Death Benefits** (Right to change beneficiary is reserved to the insured.)  |
| Subject to the terms of the group policy #GLUG-AJ8J ("Group Contract"), between Mutual of Omaha or a company affiliated with Mutual of Omaha and said employer, I request that the following beneficiary (beneficiaries) be substituted under said Group Contract as my designated beneficiary (beneficiaries), in lieu of any and all beneficiaries previously named by me. |
| **1. Beneficiary Designation for First $20,000 of Benefits Under the Group Contract** |
| I hereby designate the following beneficiary(ies) to receive the first $20,000 of the benefit under the Group Contract. If more than one beneficiary is named below, the beneficiaries shall share benefits equally unless otherwise stated below. If indicating benefit percentages, the percentages must total 100%. Unless otherwise expressly provided, if any beneficiary designated below predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries. If no designated beneficiary listed in this Section "1" survives me, the beneficiary(ies) shall be determined as prescribed below in Sections 2 and 3. |
| Last Name  | First Name  | Relationship to Insured  | Date of Birth (MM/DD/YYYY)  | Address of Beneficiary (Address, City, State, Zip)  | Percentage (%) of $20,000 Benefit |
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|  |  |  |  |  |  |
| Percentage Total:  | 100%  |
| **2. Designation of Next $10,000 of Benefits Under Group Contract for Funeral Home Expenses and Church Providing Burial**  **Service** |
| I hereby designate up **to $8,000** of the next $10,000 of benefits (if any) under the Group Contract to the funeral home that handles my funeral arrangements as indicated on my death certificate **and $2,000 to the local church that officiates my funeral**. In the event the funeral expenses are less than $8,000, I designate the local church that officiates my funeral proceedings to receive the remaining amount of this $10,000. |
| **3. Beneficiary Designation for Remainder of Benefits Under the Group Contract** |
| I hereby designate the remaining benefits (if any) under the Group Contract, up to the insurable interest that my employer has in me pursuant to 215 ILCS 5/224.1 (if applicable), to go to the Fourth Episcopal District, African Methodist Episcopal Church at 5627 South Michigan Ave, 3rd Floor, Chicago, IL 60637 ("AME"). If there are any remaining benefits or if AME is no longer in existence at the time of my death, I designate the beneficiary(ies) listed in "1" above to receive such benefits, pursuant to the conditions described in "1" above. |
| **Consent to Coverage and Rejection Period** |
| Pursuant to 215 ILCS 5/224.1, I acknowledge that my employer, the Fourth Episcopal District, African Methodist Episcopal Church, has obtained this insurance coverage which insures my life and I hereby provide my consent to coverage under the Group Contract. I understand that I have thirty (30) days from the date below to reject the coverage by providing written notice of such rejection to my employer and to Mutual of Omaha at Mutual of Omaha Plaza, Omaha, NE 68175 (Attention: Policy owner Services). |
| **Agreement and Signature**  |
| I understand that this Designation of Beneficiary shall apply to the Group Contract issued to me by Mutual of Omaha or a company affiliated with Mutual of Omaha. I also understand that this Designation of Beneficiary is subject to change as provided in the Group Contract.By signing below, I acknowledge that (a) I understand and agree to the terms of this form as noted above; and (b) this Designation of Beneficiary is effective as of the date submitted. **SIGNATURE OF EMPLOYEE/MEMBER** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  |