

24-Hour AD&D Beneficiary Designation Form

Please complete this form and **return it to the VFCA** who will maintain the form with other organization records.
 Scan & return to tiffanybradburyvfca@gmail.com or mail to: PO Box 699 Blackstone, VA 23824.

Please do not return this form to Provident.

If necessary, please photocopy this page or print additional copies at www.providentbenefits.com.

Please PRINT or TYPE.

Virginia Fire Chiefs Association
 Policyholder Name (Emergency Service Organization)

129557 – 2354
 Policy #

 Insured Person's last Name First Initial Date of Birth

 Insured Person's Street Address

 Insured Person's City State Zip Code Social Security #

Primary Beneficiary ~ If the benefit is to be paid to more than one person, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each primary beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all primary beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contingent Beneficiary ~ The contingent beneficiary(ies) will only receive benefits if all named primary beneficiaries predecease the Insured Person. If the benefit is to be paid to more than one contingent beneficiary, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each contingent beneficiary should receive. If percentage shares are not given, they will be equal. Total percentages for all contingent beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 Insured Person's Signature

 Date Signed



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 PAI-AD&D-BENE 07/2006

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Provided By: Provident Agency, Inc.
 Toll Free 800.447.0360