**United University Professions**
**P.O. Box 15143**
**Albany, NY 12212-5143**
**800-342-4206**

**PLEASE RETAIN TOP PORTION FOR YOUR RECORDS**
**Life Benefits Group Policy No. 118668-36**

a. Description of Eligible Class
All persons serving in the UUP Professional Services Negotiating Unit and making membership dues payments or agency fee payments to United University Professions.

b. Amount of Life Insurance
Life Amount
$6,000

First UNUM Life Insurance Co.

**Beneficiary named:** _____

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**Print Form, Complete, Sign, and Mail or Fax to:**

**UUP Group Life Insurance Beneficiary Card**
**United University Professions**
**P.O. Box 15143, Albany, NY 12212-5143**
**Fax (866) 559-0516**

| Name (Last, First, MI) | SS # (Optional) | Birth Date | ❑ Male ❑ Female |
|---|---|---|---|
| | | | |

**Address (Include Street Address, City, State, Zip)**

| Campus | E-mail |
|---|---|
| | |

| Full Name of Beneficiary | SS # of Beneficiary (Optional) | Beneficiary's Birth Date | Relationship |
|---|---|---|---|
| | | | |

**Beneficiary's Address (Include Street, City, State, Zip)**

| Signature | Date |
|---|---|
| | |