

1300 Higgins Road, Suite 300 ♦ Park Ridge, IL 60068-5713  
847-384-7000 ♦ 800-621-5133 ♦ FAX 847-384-0197 ♦ TDD 847-384-0199

**Designation of Beneficiary for the Death Benefit\***

Your Last Name	First Name	Middle Initial
Your UFCW ID# or SS#	Your Daytime Area Code/Phone #	
Your Street Address	City	State ZIP

**Primary Beneficiary** (Will receive death benefits first)

First Name	Last Name	Relationship	SS# (optional)	Share in %
<b>TOTAL</b>				<b>100%</b>

**Secondary Beneficiary** (Will receive death benefits if no primary beneficiary survives)

First Name	Last Name	Relationship	SS# (optional)	Share in %
<b>TOTAL</b>				<b>100%</b>

I understand that if I name my former spouse as a beneficiary, payment will be made to the former spouse only if I identify him or her on this Designation of Beneficiary form as an “ex-husband,” “ex-wife,” or “ex-spouse.” I hereby revoke all prior designations of beneficiaries that I have made.

\_\_\_\_\_  
Signature of Employee-Member

\_\_\_\_\_  
Date Signed

\*Midwest Health Fund death benefits are provided under a life insurance policy issued by Fort Dearborn Life Insurance Company.