

**NYCT TWU Local-100, ATU Local-726, ATU Local-1056
Death Benefits – Beneficiary and Guardian Designation Form**



HR-BEN-382

Section 1 - Information and Instructions

The purpose of this form is to update, add, or change a beneficiary designation to your life insurance death benefits.

Please fax a signed copy of the form to 212-852-8700 or email a signed copy of the form to bsc-benefits@mtabsc.org.

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123 or bscservice@mtabsc.org.

Section 2 - Employee Information

Print Name	Last	First	M.I.	Suffix	BSC ID
Department					
Street Address					
City				State	Zip Code
Phone (H)		Phone (W)			Email
Date of Birth					

Section 3 – Union Affiliation

Check the appropriate box to indicate the union you are affiliated with.

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Section 4 – Beneficiary Designation

If more than one beneficiary is named, the death benefit will be paid in equal shares to the designated beneficiaries. Use a separate sheet if more space is needed. Please print clearly.

Full Name			Date of Birth	Social Security Number	Relationship	Home Address (Street, City, State, Zip Code)	If this beneficiary is a minor, check here and complete the Guardian Designation Information in Section 8 of this form.
First	M.I.	Last					

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Section 7 – Death of a Beneficiary

In the event of the death of one or more of your named beneficiaries, you must elect one of the following options:

- Distribute the entire benefit among the surviving beneficiaries.
- Distribute the share assigned to the deceased beneficiary equally among his/her heirs.
- Return the share assigned to the deceased beneficiary to my estate.
- Other – Specify:

Section 8 – Guardianship Designation

By designating a guardian under the Uniform Transfer to Minor's Act for a minor beneficiary on this form, you eliminate the need for formal guardianship proceedings upon your death.

I, the undersigned member of MaBSTOA, hereby designate the Guardian(s) listed below for the named minor(s), under the Uniform Transfer to Minor's Act.

Guardian's Full Name			Social Security Number	Relationship	Home Address (Street, Apt.#, City, State, Zip)	Minor Beneficiary's Full Name		
First	M.I.	Last				First	M.I.	Last

Section 6 - Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

Employee Signature	Date	SSN Last 4 Digits
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