



**Beneficiary Designation Form for Group Insurance Products Underwritten by:**  
Axis Insurance Company  
Cigna Life Insurance Company of New York  
Life Insurance Company of North America  
New York Life Insurance Company  
Provident Life & Accident Insurance Company

**Instructions:** Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary designation forms must be kept on file with your organization.**

**Section 1: Policyholder Information**

Organization Name			Phone	
Organization Address	City	County	State	Zip

**Section 2: Member Information**

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security #
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Check the coverages to which this beneficiary designation form applies. ☐ A&H ☐ AD&D ☐ Critical Illness ☐ Group Life ☐ All

**Section 3: Primary Beneficiary(ies)**

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

**Section 4: Contingent Beneficiary(ies)**

**Total Must Equal 100%**

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

**Total Must Equal 100%**

**Section 5: Signature**

**X**

Member Signature

Date

**Beneficiary Designation Form for Group Insurance Products Underwritten by:**

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Cigna Life Insurance Company of New York

Life Insurance Company of North America

New York Life Insurance Company

Provident Life &amp; Accident Insurance Company

**Instructions:** As a member of your organization you are eligible for benefits under group insurance policies provided through Provident Agency, Inc. You have the right to name a beneficiary. If you choose **not** to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable to in the order listed below:

- a. spouse;
- b. child or children, equally, if living, otherwise to their descendants per stirpes;
- c. parents, equally or to the survivor;
- d. sisters or brothers, equally or to the survivor or survivors;
- e. your estate.

If you would like to name a specific beneficiary(ies), then you need to complete this form. Completed beneficiary designation forms must be filed with your organization.

## Important Information About Designation of Beneficiaries

### Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want to be paid to each contingent beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** - When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** - You may designate a valid trust as a beneficiary.

### Types of Coverage Information

- **A&H** is Accident & Health insurance provided by your organization for which they pay the premiums.
- **AD&D** is Accidental Death & Dismemberment insurance provided by your organization for which they pay the premiums.
- **Critical Illness** is group Critical Illness insurance provided by your organization for which they pay the premiums.
- **Group Life** is life insurance provided by your organization for which they pay the premiums.

If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

### General Information

- **Updates to Your Beneficiary Designation** - You can change your beneficiary designation at any time. You should review your designation periodically.
- **Consult an Attorney** - This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.





## **PROVIDENT PRIVACY POLICY**

Provident Agency, Inc., d/b/a Provident Benefits and/or Provident Insurance (collectively “Provident”) provides insurance through our broker network to thousands of firefighters, emergency medical technicians, first responders, government employees, and others. Whether a broker or a customer, we are grateful for the trust you place in us. To honor it, we would like to take an opportunity to explain how we handle non-public personal identifying information (“Private Information”) that we obtain about you in the course of our business.

### **Collecting Private Information**

Provident collects Private Information about our brokers and customers to provide them with insurance products and services. This Private Information may include dates of birth, social security numbers, addresses, phone numbers, email addresses, employers, occupations, passport or driver’s license numbers, medical histories, employment histories, financial records, and the like. We may receive Private Information from your applications and forms, medical providers, other insurers, employers, insurance support organizations, and service providers.

### **Sharing Private Information**

Provident shares Private Information primarily with people who perform insurance, business, and professional services for us, such as helping us pay claims, detect fraud, and underwriting, renewing, rating, placing, and providing quotes for insurance that is germane to the coverage the customer places with our agency.

We may share Private Information with medical providers for insurance and treatment purposes. We may share Private Information with an insurance support organization or disclose it to others for whom it performs services. In certain cases, we may share Private Information with group policyholders for reporting and auditing purposes. We may share Private Information with parties to a proposed or final sale of insurance business or for study purposes, such as providing Private Information to an actuarial or research organization for the purpose of conducting actuarial or research studies. We may share Private Information with the companies that underwrite the insurance products and services that we provide to you, and with their affiliates.

We may also share Private Information when otherwise required or permitted by law, such as sharing with governmental or other legal authorities, or when necessary to ensure compliance with law (such as compliance auditors or persons who attempt to resolve legal or contractual disputes). When legally necessary, we ask your permission before sharing Private Information about you. Our practices apply to our former, current, and future brokers and customers.

Please be assured we do not share your health Private Information to market any product or service. We also do not share any Private Information to market non-financial products and services. For example, we do not sell your name to catalog companies.

### **Protecting Private Information**

We have physical, electronic and procedural safeguards that protect the confidentiality and security of Private Information. We give access only to employees who need to know the Private Information to provide insurance products or services to you. We require the people and entities with whom we share Private Information to adhere to similar safeguards and to apply similar restrictions regarding who may access your Private Information.



### **Accessing Private Information**

If you wish to obtain copies of the Private Information that we have about you, you must make your request in writing and send it to the address below. The letter should include your full name, address, telephone number, and policy number if we have issued a policy.

If you request copies, we will send copies of most Private Information directly to you and copies of any health-related Private Information to a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs before providing any copies.

This section applies to Private Information we collect to provide you with coverage. It does not apply to Private Information we collect in anticipation of a claim or civil or criminal proceeding.

### **Correcting Private Information**

If you believe Private Information we have about you is incorrect, please write to us. Your letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the Private Information is inaccurate. If we agree with you, we will correct the Private Information and notify you of the correction. We will also notify any person who may have received the incorrect Private Information from us in the past two years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us and provide you with details on what the statement should contain, what we will do with it, and to whom we will provide it.

### **Coverage Decisions**

If we decide not to issue coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain Private Information.

### **Contacting Us**

For additional information about Provident's commitment to privacy and to request a copy of Private Information that we have about you, please write to us at Provident, Attn: PRIVACY, PO Box 11588, Pittsburgh, PA 15238. We reserve the right to modify this notice. We will provide you with a new notice if we make material changes to our privacy practices.