

**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:** \_\_\_\_\_



**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)		NYS Employee ID	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Include Street Address, City, State, Zip)				
Campus			E-mail	
Full Name of Beneficiary		Beneficiary's Birth Date		Relationship
Beneficiary's Address (Include Street, City, State, Zip)				
Signature			Date	