

Offered by:



**Beneficiary Designation  
Form for Group Insurance**

**Product Underwritten by:**  
Hartford Insurance Company

For the members of:



**Instructions:** As a member of the International Association of Arson Investigators, you are eligible for benefits under the group Accidental Death & Dismemberment policy offered by Provident Agency, Inc. You have the right to name a beneficiary. If you choose **not** to name a beneficiary, the death benefits may be payable in the order listed below:

- a. according to the beneficiary designation in effect at the time of payment; otherwise
- b. to Insured Person's estate.

If you would like to identify a specific beneficiary(ies), then you need to complete this form. If you do not submit a completed beneficiary designation form to IAAI Insurance via email: [iaai-insurance@firearson.com](mailto:iaai-insurance@firearson.com), fax: 410.451.9049, or mail: IAAI Insurance, 2111 Baldwin Avenue, Suite 203, Crofton, MD 21114, then any death benefits payable may be made in the order listed above.

For inquiries related to this policy, contact Provident Agency, Inc. at 800-447-0360.

For inquiries related to IAAI, call 800-468-4224.

## 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.

### Type of Coverage

- **AD&D** is Accidental Death & Dismemberment coverage.

### General Information

- **Updates to Your Beneficiary Designation** - You can change your beneficiary designation at any time. You may wish to 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.

Offered by:



**Beneficiary Designation  
Form for Group Insurance**

**Product Underwritten by:**  
Hartford Insurance Company

For the members of:



**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 to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form via email: [iaai-insurance@firearson.com](mailto:iaai-insurance@firearson.com), fax: 410.451.9049, or mail: IAAI Insurance, 2111 Baldwin Avenue, Suite 203, Crofton, MD 21114**

**Section 1: Member Information**

Name (Last Name, Suffix, First Name, MI)	Phone #	Date of Birth
Address, City, State, Zip		Social Security Number

**Section 2: Primary Beneficiary(ies)**

I choose the person(s) named below to be the primary beneficiary(ies) of the Life 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 #	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

**Section 3: 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 Life Insurance benefits that may be payable at the time of my death.

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

**Total Must Equal 100%**

**Disclaimer:** Spousal consent does not apply to ERISA plans

**Spousal Consent For Community Property States Only:** If you live in a community property state - Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details.

This will certify that, as spouse of the Insured named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of the group life term and/or accidental death insurance under the above policy and waive any rights I may have to proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

**Signature of Insured/Member's Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Section 4: Signature</b>	
<b>X</b> _____	_____
Member Signature	Date