

# ENROLLMENT FORM

To accept this offer, simply fill out and send us the Enrollment and Beneficiary form below and we will send you your Certificate of Insurance. Send the completed enrollment form to:

## ACS MEMBER INSURANCE PROGRAM

1200 E. GLEN AVENUE  
PEORIA HEIGHTS, IL 61616

**YES!** *I am a new member of the ACS having joined the association within the past 12 months. I accept one year of \$25,000 of ACS basic Group Term Life Insurance and \$15,000 of Accidental Death and Dismemberment coverage at no cost to me.*



**WELCOME**  
New ACS Member

*YOUR COLLEAGUES  
WORKING FOR YOU!*

NAME \_\_\_\_\_ ACS MEMBER ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

( )  
PHONE NUMBER \_\_\_\_\_ / /

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_



## BENEFICIARY DESIGNATION NEW YORK LIFE INSURANCE COMPANY

### INSTRUCTIONS:

Type or print clearly in ink. Complete fully and send this form to the Plan administrator for recording in accordance with the group policy. Please initial and date any corrections made to the form.

Name of Association: AMERICAN CHEMICAL SOCIETY

Group Policy # G-29200-0

INSURED MEMBER'S NAME \_\_\_\_\_

ACS MEMBER ID# \_\_\_\_\_

**I hereby designate** the person or persons below as beneficiary for the life insurance specified above revoking any other beneficiary designation and optional method of settlement election for such insurance, such change to be effective in accordance with the terms and conditions of the group policy.

1. \_\_\_\_\_  
NAME (First, Middle Initial & Last) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

2. \_\_\_\_\_  
NAME (First, Middle Initial & Last) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Signature of Insured Member**

### POPULAR BENEFICIARY DESIGNATIONS:

A married woman should be designated by her first name, middle initial, and last name. For example Mary J. Smith, not Mrs. Thomas A. Smith.

If your beneficiary is not related to you by blood or marriage, "business associate", "partner", or other economic relationship should be inserted; otherwise, insert "non-relative".

1. One beneficiary only:  
Mary J. Smith, wife.

2. Two or more beneficiaries, equal amounts:  
William S. Smith, father,  
Alice C. Smith, sister and,  
Richard B. Smith, brother,  
Equally or to the survivors equally,  
or to the survivor

3. Unequal amounts:  
50% to Mary J. Smith, wife and 25% each to Alice C. Smith, sister and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor.

4. Primary and contingent beneficiary:  
Mary J. Smith, wife, if living; otherwise the children born of the marriage of the insured to Mary J. Smith, equally, or equally to the survivors, or to the survivor.

5. Trustee beneficiary:  
The Trust Company of Smith, Illinois as trustee under a Trust Instrument dated December 29, 1967.