

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 INSURANCE PLAN ADMINISTRATOR
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# _____ ACS MEMBER EFFECTIVE DATE ____/____/____
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. PRIMARY; _____% or CONTINGENT

NAME (First, Middle Initial & Last) _____ SOCIAL SECURITY # _____

RELATIONSHIP _____ ADDRESS _____

2. PRIMARY; _____% or CONTINGENT

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".

- One beneficiary only:
Mary J. Smith, wife.
- 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
- 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.
- 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.
- Trustee beneficiary:
The Trust Company of Smith, Illinois as trustee under a Trust Instrument dated December 29, 1967.