

BENEFICIARY DESIGNATION
Federation of Catholic Teachers, OPEIU, Local 153, AFL-CIO
2153 Richmond Avenue, Suite B-101, Staten Island NY 10314
(718) 370-0081 (800) 280-8610 Fax (718) 370-0821

PLEASE PRINT CLEARLY: Check one: Mr. Mrs. Miss Ms. SOCIAL SECURITY NO. _____

NAME: _____
Last, First, Middle Initial

HOME ADDRESS: _____
House Number, Street Name, Apartment No.

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

PRESENT SCHOOL: _____ HIRING DATE: _____

ARE YOU TENURED? Check one: Yes No If Yes, as of what date? _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH: _____

POSTION: _____ Check one: Full-time Part-time CURRENT SALARY STEP: _____

If Part-time, list days worked and schools: _____

PREVIOUS SCHOOLS: (list schools and # of years worked at each): _____

BENEFICIARY INFORMATION

DEATH BENEFIT TO BE PAID TO: (use full name)
SOCIAL SECURITY NUMBER:

RELATIONSHIP (...husband, wife, father, mother, son, daughter, friend, etc.)

BENEFICIARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE: _____ 20 ____ MEMBER'S SIGNATURE: _____