IAFF LOCAL 726
Administered by Vimly Benefit Solutions, Inc.
P.O. Box 6, Mukilteo, WA 98275
Phone (206) 859-2678 Fax (866) 676-1530

L726 Life/AD&D Beneficiary Form

Employer: _____

As an active employee enrolled in a L726 medical plan, you are automatically enrolled in a $20,000 Basic Life and Accidental Death and Dismemberment (AD&D) benefit. This benefit is meant to cover you while you are an active Trust member only and does not continue into retirement.

Instructions: This form is to be utilized for beneficiary purposes only. All correspondence and questions should be directed to the IAFF Health & Wellness Trust Office:

Local 726
PO Box 6
Mukilteo, WA 98275
Phone: 1-866-265-5231
Fax: 1-866-676-1530
local726@vimly.com

In order to be valid, this form must be completed in its entirety, signed and returned to the IAFF HWT Trust Office.

Insured Information

Name of Insured: _____ _____
Last *First* *M.I.*

Gender: Male ☐ Female ☐

Social Security No.: _____ Date of Birth: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP code*

Phone Number: _____ Email Address: _____

Beneficiary Designation

Note: If the beneficiary is being changed, the new beneficiary will replace all prior designations and will be effective as of the date this form is signed. **Applies to both Basic Life and Accidental Death and Dismemberment.**

Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth	% of Share
				%
				%
				%

Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth	% of Share
				%
				%
				%

Insured Signature: _____ **Date**: _____