

NSA BENEFICIARY DESIGNATION FORM



National Sheriffs' Association Group Accidental Death & Dismemberment (AD&D) Policy*
 Underwritten by Reliance Standard Life Insurance Company
 Policy # VAR 201596

Instructions: DO NOT fax this form, we MUST have the original. Please include your phone number and email address so that we may contact you with any questions. **Your signature and date are required.** Keep a copy for your records.

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
HOME ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL ADDRESS		
PRIMARY BENEFICIARY(S)		RELATIONSHIP TO YOU		
CONTINGENT BENEFICIARY(S)**		RELATIONSHIP TO YOU		

Member's Signature _____

Date _____

* Auxiliary and Retired Paid-Up-For-Life members do not receive free AD&D.

** Applicable only if primary beneficiary(s) does not survive member.

Note: Coverage is subject to the terms and conditions of the master policy held by NSA. For any covered loss, written proof must be sent to NSA as soon as possible, but NO LATER than 1 year after the loss.

MAIL COMPLETED FORM TO: NATIONAL SHERIFFS' ASSOCIATION, ATTN: MEMBERSHIP, 1450 DUKE STREET, ALEXANDRIA, VA 22314
 FOR QUESTIONS, PLEASE CALL (800) 424-7827.

FOR NSA USE ONLY	MEMBER ID #
------------------	-------------