PLEASE RETAIN FOR YOUR RECORDS

Met Life
Life Insurance Company

Description of Eligible Class:
All active UUP-represented employees in the Professional Services Negotiating Unit are eligible.

Amount of Group Term Life Insurance: $10,000

Beneficiary: _____

UUP Benefit Trust Fund
PO Box 15143
Albany, NY 12212-9954
www.uupinfo.org
800-887-3863 (Phone) or 866-559-0516 (Fax)

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UUP Benefit Trust Fund Group Term Life Insurance Beneficiary Card

United University Professions, PO Box 15143, Albany, NY 12212-9954
www.uupinfo.org
800-887-3863 (Phone) or 866-559-0516 (Fax)

Please print carefully

Employee Information

Name (Last, First, MI)	**Date of Birth**	**NYS Employee ID**
Home Address—Number & Street	**City**	**State, Zip Code**
Work Location (Name of Campus or Institution)	**Department**	**Non-SUNY Email**

Beneficiary Information

Name (Last, First, MI)	**Date of Birth**	**Relationship**
Home Address—Number & Street	**City**	**State, Zip Code**
Signature		**Date**