

**STANDARD LIFE INSURANCE COMPANY**  
**ACTIVE MEMBER FORM (645785) Union Paid & Member's Voluntary Life Insurance**

**PLEASE PRINT ALL INFORMATION CLEARLY**

Hire Date: \_\_\_/\_\_\_/\_\_\_

Fire Fighter's Name: \_\_\_\_\_

Sex: Male or Female (Circle)

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Social Security # \_\_\_ - \_\_\_ - \_\_\_

Station: \_\_\_\_\_ Shift: A B C 40 hr. (Circle) Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ S.S. # \_\_\_ - \_\_\_ - \_\_\_

**Primary Beneficiary (ies)**

Name and Address	Percent %	Relationship

**Contingent Beneficiary (ies)**

Name and Address	Percent %	Relationship

Proper notarization and signature must be obtained to validate beneficiary designations.

★ **Fire Fighter Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Florida

SS:

County of Dade

Before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared the above individual and swore the information contained herein to be true and of his/her free will.

\_\_\_\_\_  
 Notary Public, State of Florida

Personally Known       Produced Identification       Identification Produced \_\_\_\_\_

\*\*\*\*\* Insurance Company Use Only \*\*\*\*\*

Effective Date	Union Coverage	Dependent Life	AD&D	Additional Life Up to \$250,000	Additional Life 250,000 to 500,000
Present	\$10,000				
2009	\$10,000				

Any person who knowingly & with intent to defraud, submits an application, files a statement of claim containing any material false or misleading information, commits a fraudulent act, which is a crime. Subject to revocation by me by written notice to my employer, I request the coverage provided from time to time by my employers group plan(s), as elected above and authorize deductions (if any) from my wages.

\*\*\*Underwritten by STANDARD LIFE INSURANCE COMPANY, Portland, OR\*\*\*\*