Business Travel Accident Program

Paralyzed Veterans of America
Membership & Volunteer Program
801 Eighteenth Street, NW * Washington, DC * 20006-3517
800-424-8200 ext. 619 * 202-416-7619 * 202-4167622 TTY

BENEFICIARY PROVISION

Chapter Name: OREGON Date: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Social Security Number: _____ ❑ Male ❑ Female

Address: _____

City: _____ State: _____ Zip: _____

Affiliation:

☐ PVA National Employee ☐ Executive Committee ☐ Chapter Employee

☐ Chapter Volunteer - If so, please provide volunteer number _____

☐ Other Committee Member - If so, please provide committee name _____

DESIGNATION OF BENEFICIARY

Settlement of the proceeds payable under the terms of this policy by reason of death of the insured shall, subject to the applicable provisions printed below, be made in one sum to the beneficiary(ies) herein designated, EXCEPT as may be otherwise indicated by an "X" or check mark in the box preceding I below. Please type or print.

❑ 1. Pay proceeds in one sum to THE ESTATE OF THE INSURED.

❑ 2. Pay proceeds to the following beneficiary(ies)):

Name: _____ Relationship to the Insured: _____

Name: _____ Relationship to the Insured: _____

Name: _____ Relationship to the Insured: _____

Any amount payable to a beneficiary shall be paid to the beneficiary(ies) designated by the insured, except that, unless otherwise specifically provided by the insured in his/tier beneficiary designation:

(a) If more than one beneficiary is designated, the designated beneficiaries shall share equally.

(b) If any designated beneficiary predeceases the insured, the share which such beneficiary would have received if surviving the insured shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survive the insured.

The General Provisions of this policy shall be considered as part of this Beneficiary Provision where applicable.

Signature of Insured: _____ Date: ____/____/____

NATIONAL OFFICE USE ONLY

Processed by _____

DATE RECEIVED Process Date ____/____/____