

ALABAMA FIRST RESPONDERS BENEFITS PROGRAM

COVERAGE BENEFICIARY DESIGNATION FORM

Employer/Department Name:					
EMPLOYEE/FIREFI	GHTER INFORMATION				
Employee/Firefighte	er Name:				
Date of Birth:	Last 4 of SSN	: XXX-XX-			
Email Address:		Phone:			
Street Address:					
City:	State:	Zip:			

BENEFICIARY INFORMATION

In the event of death, the beneficiary designation will apply to the Cancer and Long-Term Disability coverages provided by FRBP, if applicable. Beneficiary designations may be changed upon written request.

In the event of death, the <u>primary beneficiary</u> is first in line to receive benefits if living at the time of the claimant's death.

1) Primary Beneficiary Full Name (First,	, MI, Last):	
Address (Street, City, State, & Zip):		
Relationship to Claimant:	Date of Birth:	SSN:
Phone Number:	Email Address:	
In the event of death, the <u>contingent benefi</u> of claimant's death. If more than one contir 1) Contingent Beneficiary Full Name (Fi	ngent beneficiary is named, the percentag	
Address (Street, City, State, & Zip):		
Relationship to Claimant:	Date of Birth:	SSN:
Phone Number:	Email Address:	Percent:

2) Contingent Beneficiary Full Name	(First, MI, Last):	
Address (Street, City, State, & Zip): _		
Relationship to Claimant:	Date of Birth:	SSN:
Phone Number:	Email Address:	Percent:

Firefighter/Employee/Applicant Signature

Date Signed

The Alabama First Responders Benefits Program (FRBP) "the Program" is provided by First Responders Insurance Company, Inc. (FRIC), an Alabama based insurance Company licensed in the State of Alabama through the Department of Insurance. Actual Program benefits, rates, terms, and conditions are subject to change based on regulatory requirements and changes in employer operations or information. This proposal does not include all of the policy terms, conditions, limitations, and exclusions, which provide the full detail of coverages and take precedence over this proposal. © Alabama First Responders Benefits Program 2023. All Rights Reserved.

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