



## FREE \$500 DEATH BENEFIT FOR LOCAL 1014 MEMBERS

CWA Local 1014 provides a **free** death benefit. “Active members in good standing” become eligible for this benefit upon completing and signing the attached “Beneficiary Designation Form” and submitting it to the Local 1014 office. The beneficiary or beneficiaries designated on the form shall be paid five hundred (\$500) dollars upon the death of the member (In the case of multiple beneficiaries, the beneficiaries shall equally share the benefit.). It is the member’s responsibility to ensure a current, completed and signed beneficiary form is on file in the Local 1014 office. The form must be signed and dated in front of a “witness”.

Members may designate multiple “primary beneficiaries” up to a maximum of five (5) to **equally share** in the benefit. “Alternate beneficiaries” up to a maximum of five (5) may be designated to equally share in the benefit in the event of the death of ALL of the designated primary beneficiaries.

Members unsure whether a **current** Beneficiary Designation Form is on file in the Local 1014 office may complete and submit a new form. The most recent, completed and signed form on file shall be used to determine the proper beneficiary/beneficiaries.

Members should retain a copy of the Beneficiary Designation Form with related personal documents. Payment of the death benefit will be made upon written application to CWA Local 1014. A death certificate or equivalent proof of death may be required for payment. Payment of the death benefit shall be made only to the beneficiary or beneficiaries designated on the Beneficiary Designation Form, if living. If all beneficiaries are deceased, the benefit may be payable to the estate of the deceased member, in which case, documentation of the estate shall be required. Where no form is on file, the Local 1014 Board of Trustees may consider payment to the estate or spouse of the deceased with presentation of appropriate documents.

No death benefit shall be payable if the death occurs during participation or attempted participation in an illegal occupation or activity. No death benefit shall be payable for individuals who are not members in good standing at the time of death. All issues as to eligibility and payment shall be resolved by the Local 1014 Board of Trustees whose decisions shall be final and binding.

If you have any questions concerning this important benefit, contact the Local 1014 office (856) 541-4191.

### Definitions –

**Active Member in Good Standing** – Those individuals currently employed in a position covered by a Local 1014 collective agreement and paying full membership dues (and not an Agency Shop Fee). Retirees and laid off workers are NOT active members in good standing.

**Alternate Beneficiary/Beneficiaries** – Those listed on a properly completed and signed “Local 1014 Beneficiary Designation Form” as Alternate Beneficiaries who shall only be paid if ALL of the Primary Beneficiary/Beneficiaries are deceased. Those listed shall be paid equal shares of the \$500 death benefit upon the death of the member in good standing.

**Beneficiary Designation Form** – The form specified by Local 1014 for the designation of death benefit beneficiaries

**Primary Beneficiary/Beneficiaries** – Those listed on the properly completed and signed “Local 1014 Beneficiary Designation Form” as Primary Beneficiaries who shall be paid equal shares of the \$500 death benefit upon the death of the members in good standing.

**Witness** – (1) A notary public with the seal affixed; or (2) any current officer, trustee or steward of Local 1014.

**CWA LOCAL 1014  
DEATH BENEFIT BENEFICIARY DESIGNATION FORM  
(PLEASE PRINT)**

The beneficiaries designated herein by the CWA Local 1014 active member in good standing indicated below shall be paid a \$500 benefit upon the death of the member.

**PRIMARY BENEFICIARIES – TO BE PAID EQUAL SHARES OF THE \$500 BENEFIT (ONE UP TO FIVE MAY BE LISTED)**

Member's SS #: \_\_\_\_\_ Employer \_\_\_\_\_

I, \_\_\_\_\_, hereby designate the following **PRIMARY AND ALTERNATE** beneficiaries:

1.

\_\_\_\_\_  
First Name/Middle Initial/Last Name Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

2.

\_\_\_\_\_  
First Name/Middle Initial/Last Name Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

3.

\_\_\_\_\_  
First Name/Middle Initial/Last Name Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

4.

\_\_\_\_\_  
First Name/Middle Initial/Last Name Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

5.

\_\_\_\_\_  
First Name/Middle Initial/Last Name Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

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**ALTERNATE BENEFICIARIES – TO BE PAID AN EQUAL SHARE IF A PRIMARY BENEFICIARY IS DECEASED**

1.

\_\_\_\_\_  
First Name/Middle Initial/Last Name Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

2.

\_\_\_\_\_  
First Name/Middle Initial/Last Name Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

**CONTINUE ON REVERSE SIDE**

**CWA LOCAL 1014**  
**DEATH BENEFIT BENEFICIARY DESIGNATION FORM**  
**(PLEASE PRINT)**

3.

\_\_\_\_\_  
First Name/Middle Initial/Last Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

4.

\_\_\_\_\_  
First Name/Middle Initial/Last Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

5.

\_\_\_\_\_  
First Name/Middle Initial/Last Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address- #/Street/City/State/Zip Code

I understand that the decision of the CWA Local 1014 Board of Trustees will be final and binding in resolving all issues as to eligibility and payment. Payment of the death benefit will be made only upon written application to CWA Local 1014 accompanied by a death certificate or equivalent proof of death. I understand that, if eligible, equal shares of the benefit will be paid to each of the primary beneficiaries named above unless I decide to change beneficiaries and that equal shares of the benefit shall be paid to all designated alternate beneficiaries listed above ONLY if all designated primary beneficiaries are deceased. If I decide to change, I must do so in writing and complete a new Death Benefit Beneficiary Designation Form.

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Witness – Print Name

\_\_\_\_\_  
Member – Print Name

\_\_\_\_\_  
Date