

Group Number <b>159034</b>	Hire Date
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**To Be Completed By Applicant**

Apply for Coverage      Name Change      Former Name \_\_\_\_\_  
 Add Dependent      Delete Dependent      Date of Add/Delete \_\_\_\_\_  
 Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation Cantor	Male	Female
Employer Name <b>American Conference of Cantors, Inc.</b>	Hours Worked Per Week		
Earnings \$ _____ (Annual salary including parsonage).			

**Coverage**

*Evidence of Insurability is required if you have been a member of the ACC for more than 31 days. You must also complete the Medical Questionnaire Application.*

<b>Life Insurance</b> Life with AD&D (Employee Paid) requested amount \$ _____
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<b>Dependents Life Insurance</b> Spouse Life with AD&D (Employee Paid) requested amount \$ _____ Child(ren) Life (Employee Paid) requested amount \$10,000
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<b>Long Term Disability Insurance</b> Long Term Disability (Employee Paid)
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Your Full Name

**Beneficiary**  
*This designation applies to your Life and Accidental Death and Dismemberment Insurance and Voluntary Accidental Death and Dismemberment Insurance, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.*

Primary — Full Name	Address	Relationship	% of Benefit <i>Total must equal 100%</i>
Contingent — Full Name	Address	Relationship	% of Benefit <i>Total must equal 100%</i>

**Signature**  
 I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from credit card or bank account to cover my premiums of insurance. I understand that my deduction amount will change if my coverage or costs change.

Signature of Applicant (Member)	Date
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**Beneficiary Information**  
 Your designation revokes all prior designations.  
 Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).  
 If you name two or more Beneficiaries in a class:

- Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
- If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."

A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.

Dependents Insurance, if any, is payable to you, if living.