



NEWSPAPER GUILD OF NEW YORK LOCAL 3 TNG/CWA

EMPLOYEE'S INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

SOCIAL SEC. NO. _____ DATE OF BIRTH ____/____/____ SEX MALE FEMALE

GUILD UNIT _____

OCCUPATION _____ BASIC LIFE \$5,000 EMPLOYMENT DATE ____/____/____

HOME TELEPHONE NO. _____ OFFICE TELEPHONE NO. _____

BENEFICIARY DESIGNATION

NAME OF BENEFICIARY (PRIMARY) The proceeds shall be divided equally among those of the following designated person or persons who survive the insured.

RELATIONSHIP ADDRESS

1. _____

2. _____

CONTINGENT - The proceeds shall be divided equally among those of the following designated person or persons who survive the insured, provided no primary beneficiary designated above has survived the insured.

1. _____

2. _____

I UNDERSTAND THAT THIS COVERAGE SHALL BECOME EFFECTIVE ONLY IF THIS APPLICATION IS ACCEPTED BY THE AMALGAMATED LIFE INSURANCE COMPANY.

EMPLOYEE'S SIGNATURE

DATE

GUILD OFFICE (complete this section)

CHECK New Employee

POLICY # 260B53

Rehired Employee

DATE OF EMPLOYMENT/REHIRE _____

EFFECTIVE DATE _____

ADMINISTRATOR'S SIGNATURE

DATE