

# **OPEIU, LOCAL 32**

## **DEATH BENEFIT BENEFICIARY**

NAME OF MEMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ MOBILE \_\_\_\_\_  
EMPLOYER \_\_\_\_\_

BENEFICIARY – NAME \_\_\_\_\_  
RELATION TO MEMBER \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***THIS MUST BE RETURNED TO THE UNION BEFORE THIS POLICY IS ACTIVATED. RETURN TO:  
OPEIU-LOCAL 32, 2013 MORRIS AVENUE, UNION, NJ 07083***