

# OFTSE

## MEMBER BENEFITS UPDATE



With your membership to OFTSE/ AFT local 1273 you have accidental death and dismemberment insurance.

Please update the beneficiary of your policy by completing the bottom portion of this flyer and return it to OFTSE via inner-district mail to Kassi Hawkins @OFTSE or , 2775 N Ventura Road, Suit 202, Oxnard CA 93036, or email a scanned copy to oftse1273@gmail.com



A Union of Professionals

**AFT +**  
Member Benefits

### Designation of Beneficiary for Accidental Death and Dismemberment Policy

Member's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email Address \_\_\_\_\_ Local Union No. \_\_\_\_\_

Policyholder **American Federation of Teachers** Policy No. **C-4363**

Name of Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

**This card, when completed, is to be retained by the local until coverage under the policy terminates with respect to the named member, unless sooner changed or revoked by the member.**

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ULLAFTBenCard - 6/06