

## Designation of Beneficiary

Policyholder	PALM BEACH COUNTY FIREFIGHTERS' EMPLOYEE BENEFITS FUND	Policy Number(s)	GL 160157 (BASIC)
Insured Name		Social Security Number	

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

### Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

\* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

### Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

\* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ! This beneficiary designation revokes all revocable prior beneficiary designations.
- ! Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ! If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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## Plan Highlights

# Group Basic Life Insurance



### Palm Beach County Firefighters Employee Benefits Fund

#### ELIGIBILITY

##### Class 1:

All full-time bargaining unit employees of Palm Beach County Fire Rescue in pay status, all full-time non-bargaining unit employees of Palm Beach County Fire Rescue in pay status that are participants in the Palm Beach County Firefighters Employee Benefits Fund, all full-time employees of the Professional Firefighters/ Paramedics of Palm Beach County, Local 2928 IAFF, Inc. in pay status, and all full-time employees of the Palm Beach County Firefighters Employee Benefits Fund in pay status, and all full-time employees of the Palm Beach County Firefighters Health Clinic LLC in pay status.

##### Class: 2

All retired bargaining unit employees of Palm Beach County Fire Rescue, all retired non-bargaining unit employees of Palm Beach County Fire Rescue that are participants in the Palm Beach County Firefighters Employee Benefits Fund, all retired employees of the Professional Firefighters/Paramedics of Palm Beach County, Local 2928 IAFF, Inc., that are participants in the Palm Beach County Firefighters Employee Benefits Fund, and retired employees of the Palm Beach County Firefighters Employee Benefits Fund that are participants in the Palm Beach County Firefighters Employee Benefits Fund and retired employees of the Palm Beach County Firefighters Health Clinic LLC that are participants in the Palm Beach County Firefighters Employee Benefits Fund.

#### BENEFIT AMOUNT- Class 1

**Basic Life Employee:** \$100,000

#### BENEFIT AMOUNT – Class 2

**Retiree:** \$50,000

#### VALUE ADDED SERVICES

- ▶ Bereavement Counseling Service
- ▶ Travel Assistance Service
- ▶ Identity Theft Recovery Services

#### CONTRIBUTION REQUIREMENTS

Coverage is employer paid.

#### BENEFIT REDUCTION DUE TO AGE - Class 1

Age	Original Benefit Reduced To
70	65%
75	50%

#### BENEFIT REDUCTION DUE TO AGE - Class 2

Age	Original Benefit Reduced To
70	50%

#### EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

Insurance is provided under group policy form LRS-6422, et al.

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