



GROUP INSURANCE BENEFICIARY CARD

Mail to Organization of Staff Analysts

220 East 23rd St. – Suite 707 – New York NY - 10010 or via fax 212-686-1231

Employee's Name	Date of Birth	<input type="radio"/> Male
Last	Mo	<input type="radio"/> Female
First	Day	<input type="radio"/> Married
Initial	Year	<input type="radio"/> Single
Home Address (No & Street)	City/State	Zip
Phone Number	Email	

Beneficiary #1 Full Given Name	<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary	Beneficiary #2 (if any) Full Given Name	<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary
Street Address	City/State/Zip	Street Address	City/State/Zip
Social Security Number	Benefit Percentage	Social Security Number	Benefit Percentage
	%		%
Birth Date (mo/day/yr)		Birth Date (mo/day/yr)	
Beneficiary PhoneNo.	Email	Beneficiary Phone No.	Email

Need space for additional beneficiaries? Please use the boxes on the back.

I declare that all information provided is correct.

DATE

SOCIAL SECURITY NUMBER

EMPLOYEE'S SIGNATURE (DO NOT PRINT)

Note: If any of the information above is missing, this form will be returned to you for completion. Please retain a copy for your records.

Beneficiary #3 (if any) Full Given Name		<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary <input type="radio"/> Secondary Contingent Beneficiary		Beneficiary #4 (if any) Full Given Name		<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary <input type="radio"/> Secondary Contingent Beneficiary	
Street Address		City/State/Zip		Street Address		City/State/Zip	
Social Security Number		Benefit Percentage		Social Security Number		Benefit Percentage	
		%				%	
Birth Date (mo/day/yr)				Birth Date (mo/day/yr)			
Beneficiary PhoneNo.		Email		Beneficiary Phone No.		Email	

Beneficiary #5 (if any) Full Given Name		<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary <input type="radio"/> Secondary Contingent Beneficiary		Beneficiary #6 (if any) Full Given Name		<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary <input type="radio"/> Secondary Contingent Beneficiary	
Street Address		City/State/Zip		Street Address		City/State/Zip	
Social Security Number		Benefit Percentage		Social Security Number		Benefit Percentage	
		%				%	
Birth Date (mo/day/yr)				Birth Date (mo/day/yr)			
Beneficiary PhoneNo.		Email		Beneficiary Phone No.		Email	