



323 West Jones Street, Suite 401
Raleigh, North Carolina 27603
(888) 546-2732 or (919) 821-2132
www.ncsfa.com

PERSONNEL BENEFICIARY DESIGNATION FORM

Instructions:

- Under heading POLICYHOLDER, this is the fire department, not the member.
- Boxes are available for indicating the policies the fire department holds. If you have a VFIS, Provident, AFLAC, or county/local brotherhood for example, you can note this under the OTHER box.
- The member information should include the members name, date of birth, and social security information. The date of membership is important for new membership only, to “trigger” coverage.
- If the firefighter chooses to have more than one primary beneficiary, the percentages must equal 100%. Same rule applies in the CONTINGENT class. If a firefighter wants multiple beneficiaries, they should all be on same form. Do not use multiple forms for multiple beneficiaries. Note wording on form referencing minors as beneficiaries.
- Be sure form is signed and dated. Old forms can be discarded.
- This form should be retained by the fire department with a copy to the insured member.