



January 1, 2021

Dear Committee Member,

As a member of the MCUL Official Family, you are eligible for coverage under the League's Accident Insurance Policy for League Volunteers.

Please complete the beneficiary form and e-mail it to Kathryn Hall at kathryn.hall@mcul.org or fax at (517) 482-3762. If you have any questions, please call (800) 262-6285 ext. 470.

Thank you.

BENEFICIARY FORM

Life Insurance Company of North
America
a CIGNA company

Complete this block each time this card is used. Please PRINT LEGIBLY.			
Insured's Name			
Insured's Address			
Name of Policyholder	MICHIGAN CREDIT UNION LEAGUE	Policy No. or renewal	ABL605073

BENEFICIARY DESIGNATION

I hereby designate the following beneficiary with respect to indemnity for loss of life, revoking any previous beneficiary designation with respect to the above identified policy. (Show given name and relationship to insured. If more than one beneficiary, state how each should share):

Name of beneficiary and relationship to insured.

Signature **X** .----- Date ___/___/___