

Line of Duty Benefit Group Term Life

Peace Officer Enrollment Form

ection A - Employee In	formation					
nployee Name (last, first, middle initial)	Social Sec	curity Number		Birth Date (mm/dd/yy)	Marital Status	Gende
Aailing Address City / State / Zip				Work Phone	☐ Single ☐ Married	☐ Male ☐ Fema
mployer / Department				Home Phone	Hire Date (mm/dd/yy)	
ection B - Coverage Inf	ormation					
The Peace Officer Line of Duty Dea	th Benefit is administ	tered by PEHP and <u>c</u>	governed by Utah stat	tute.		
Revoking any previous nominat	ions of beneficiary(ies), I hereby designate	the following individu	als to receive all benefits p	ayable upon my d	eath.
Full given name of beneficiary	Designation Relationship Birth date		Birth date	Mailing address		
	☐ Primary			Street		
	Contingent			City	State Zi	p
	☐ Primary			Street		
	Contingent			City	State Zi	p
	☐ Primary			Street		
	Contingent			City	State Zi	р
	☐ Primary			Street		
	Contingent			City	State Zi	p
	☐ Primary			Street		
	Contingent			City	State Zi	р
	Consider	ations When	Naming Benef	ficiaries		
 List ALL beneficiaries. Beneficia Types of beneficiaries: A. Primary - Person to receive B. Contingent - Person to recei If you name multiple primary beneficiary(ies) of the Utah Uniform Probate Company of the Utah Uniform Pro	the death benefits upon the death benefits the procest dies before you and your and you are and you and you are and you and you are and you are and you and you are and you ar	on the death of the nupon the death of the death of the deds will be split equou have not named and name of the trustee	nember. e member if the prima ally, unless otherwise in a contingent benefician and the date the trust	ry beneficiary is deceased. nstructed on the form. ry, the proceeds may be su agreement became effect	ive.	hapter 2

Verified by: _

Date: _