

*PLEASE RETAIN FOR YOUR RECORDS*

**Met Life  
Life Insurance Company**

**Description of Eligible Class:**

All active UUP-represented employees in the Professional Services Negotiating Unit are eligible.

**Amount of Group Term Life Insurance: \$10,000**

**Beneficiary:** \_\_\_\_\_

**UUP Benefit Trust Fund  
PO Box 15143  
Albany, NY 12212-9954  
www.uupinfo.org  
800-887-3863 (Phone) or 866-559-0516 (Fax)**

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***UUP Benefit Trust Fund Group Term Life Insurance Beneficiary Card***

United University Professions, PO Box 15143, Albany, NY 12212-9954

www.uupinfo.org

800-887-3863 (Phone) or 866-559-0516 (Fax)

Please print  
carefully

**Employee Information**

_____ Name (Last, First, MI)	_____ Date of Birth	_____ NYS Employee ID
_____ Home Address—Number & Street	_____ City	_____ State, Zip Code
_____ Work Location (Name of Campus or Institution)	_____ Department	_____ Non-SUNY Email

**Beneficiary Information**

_____ Name (Last, First, MI)	_____ Date of Birth	_____ Relationship
_____ Home Address—Number & Street	_____ City	_____ State, Zip Code
_____ Signature	_____ Date	