



Keystone Chapter Fire Service Instructors Application for Membership

Active Membership

The status accorded on to dues paying members of the Chapter who are PA State Certified Fire Service Instructors.

Associate Membership

Individuals who are paying members but not state certified fire service instructors.

Term of membership

Dues shall be \$20.00 for a one year membership.

Name: _____

Street: _____

Town: _____

State & ZIP: _____

County of Residence: _____

e-mail address: _____

Social Security Number: _____

Type of Membership Requested:

Active (PA State Fire Instructors only)

Associate (any individual involved in fire service training but not a PA State Instructor.)

Please enclose appropriate dues in check or money order (no cash please), with this application, made payable to "Keystone Chapter" and mail to:

Keystone Chapter Fire Service Instructors
PO Box 316
Ridgway, PA 15853



Beneficiary Designation for Accident & Sickness Policy

Complete this section each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this section if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ *Date of Birth _____ Share _____ %
Name _____ Relationship _____ *Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ *Date of Birth _____ Share _____ %
Name _____ Relationship _____ *Date of Birth _____ Share _____ %

*Only complete if a minor.

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization.

Examples Of The Most Frequently Used Beneficiary Designations

Individual (Always show relationship to the insured)

Show as Primary Beneficiary

Show as Contingent Beneficiary

Show as Second Contingent Beneficiary

One beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One primary beneficiary and one contingent beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50%	Marie Jones Ford, sister, 100%	(leave blank)
One primary beneficiary, unnamed children as first contingent beneficiary and two second contingent beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving primary beneficiaries share equally in the portion designated for any beneficiary(ies) who predeceases the insured	(leave blank)
Insured's estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

Please note: We discourage naming minor children as a beneficiary. Naming a minor as a beneficiary could result in the courts' appointment of a guardian. Please consult with legal counsel for further information regarding this matter.