



Railroad Marketing Insurance Services, PO Box 787, Santa Clara, UT 84765-0787
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BENEFICIARY DESIGNATION FORM

Employer: BLET

Policy Number: 01-0114878 Group ID#: BLENORFOLK

State: _____ Insured's Name: _____

Certificate Number: NA

BENEFICIARY DESIGNATION	
Primary Designation:	_____
Address:	_____
Relationship to Insured:	_____
SSN:	_____
Contingent Beneficiary:	_____
Address:	_____
Relationship to Insured:	_____
SSN:	_____

Note: Contingent Beneficiary will receive benefits only if Primary Beneficiary does not survive you. If more than one Primary or Contingent Beneficiary is wanted, please attach a separate sheet to reflect this.

Insured's Signature: _____ Date Signed: _____