No-Cost Insurance Beneficiary Form

Customer Number TS05050044-G

Group Policyholder Name:

Civil Service Employees Association, Inc.

Peace of Mind, Just for Being a CSEA member

As a CSEA member, you are automatically covered by a no-cost insurance plan through MetLife. You are covered by a $10,000 accidental death benefit, regardless of when you joined CSEA, as long as you remain an active member. For members who join CSEA after January 1, 2026, an additional $5,000 life insurance benefit is provided for the first year of membership at no cost, with options to continue coverage.

We hope you'll never need it, but if the unexpected happens, this protection can make a critical difference for your loved ones. Please complete the beneficiary section below to ensure your coverage goes where it's needed most.

SECTION I – Insured Information

*First Name | M. | *Last Name

*Address – Street | *Non-Work Email | *Date of Birth

*City | *State | *Zip | *Non-Work Phone Number

*Job Title | *Employer | *SSN

*Annual Salary/Hourly Rate | *NYS ID # or Employee ID# | *CSEA Local/Unit #

*Work Address | *Full Time | *Part Time

SECTION II – Beneficiary Information

Complete the section that pertains to the type of beneficiary you are designating.

PRIMARY BENEFICIARY (space for contingent beneficiaries on the reverse side)

Your first choice to receive your benefit.

If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First Name | M.

Last Name

Address – Street

City | State | Zip

Date of Birth | Phone Number | % Share

Relationship to Member | SSN

First Name | M.

Last Name

Address – Street

City | State | Zip

Date of Birth | Phone Number | % Share

Relationship to Member | SSN

You **MUST** designate at least one primary beneficiary. **A person may only be listed once.** The sum **MUST equal 100%.** Dollar amounts, fractions & decimals will not be accepted. **If you need more space for additional beneficiaries, use the back of this form. For living trust or estate, visit cseainsurance.com/Products-Forms/Term-Life to download the full form and mail to CSEA, Inc., ATTN: Insurance Dept., 143 Washington Ave., Albany, NY 12210.**

SECTION II – Beneficiary Information continued- Use this section for additional primary or contingent (secondary) beneficiaries.

PRIMARY BENEFICIARY

Your first choice to receive your benefit.
If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First Name M.
Last Name
Address – Street
City State Zip
Date of Birth Phone Number % Share
Relationship to Member SSN

First Name M.
Last Name
Address – Street
City State Zip
Date of Birth Phone Number % Share
Relationship to Member SSN

CONTINGENT (SECONDARY) BENEFICIARY

Your second choice to receive your benefit if ALL your primary beneficiary(ies) are not living at the time of your death.
If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First Name M.
Last Name
Address – Street
City State Zip
Date of Birth Phone Number % Share
Relationship to Member SSN

First Name M.
Last Name
Address – Street
City State Zip
Date of Birth Phone Number % Share
Relationship to Member SSN

SECTION III – Signature & Attestation

I hereby authorize the Civil Service Employees Association, Inc. (CSEA), Local 1000 AFSCME, AFL-CIO, to be my exclusive representative for collective bargaining and therefore revoke any other representative that I may have previously designated. I also hereby authorize the fiscal or payroll officer of my employer to deduct CSEA dues from my salary in the amount certified by CSEA in this and succeeding years of my employment and membership. Dues, contributions, or gifts to CSEA are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses.

I may revoke this authorization by sending a letter stating my intent to resign, along with my name, address, telephone number, CSEA ID number, and signature by United States Postal Service First Class Mail, to: CSEA Statewide Secretary, Civil Service Employees Association, Inc., 143 Washington Ave., Albany, NY 12210.

I hereby revoke any previous beneficiary designations, and I designate the person, people, or entity named in Section II as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

I acknowledge that I am a Member in good standing, which entitles me to the no cost $10K Accidental Death benefit and/or the $5K Term Life benefit to be applied based on my eligibility. (Note: The $5K Term Life benefit applies to new members who joined after January 1, 2026, for the first year of membership.)

Member Name (Please print) **Date** (Must be date form was completed) **Member Signature**

☐ **By checking this box, I consent to receive calls (including recorded or autodialed calls or texts) at my cell phone number from CSEA and its affiliated labor organizations on any subject matter. You may modify your preference by calling CSEA at 1-800-342-4146 or visiting the CSEA website at cseany.org.**

CSEA Insurance Department, 143 Washington Ave., Albany, NY 12210
800-342-4146 • FAX: 518-433-0502 • cseatermlifeinsurance@cseainc.org