

ASEA BENEFICIARY CHANGE FORM

110 N. JACKSON ST., MONTGOMERY, AL 36104 ★ www.asea.org ★ (334)834-6965 ★ FAX (334)834-4904 ★ 1-800-252-7063

As part of your ASEA membership, members receive a \$5,000 Accidental Death and Dismemberment Insurance Policy at no additional cost.

Name (Mr. /Ms.) _____

Soc. Sec. No. _____ Date of Birth : ____ / ____ / ____

Home Address _____ City _____ , AL ZIP _____

Phone (H) _____ Phone (W) _____ Cell _____

E-mail (H) _____ E-mail (W) _____

Beneficiary's Name _____ Relationship _____

Employee Signature X _____ Date _____