	LIFE INSURANO P.O. B	AL STATES HEALTH PLAI CE DEPARTMENT OX 5116	N
	DES PLAINES	6, IL 60017-5116	
	ASED PARTICIPANT:		
	NUMBER:		
•			
	<u>PREFERENCE BI</u>	ENEFICIARY FORM	
NOTE:	This affidavit should be completed by a person we described in questions 1, 2, 3 or 4 below who need which he is a member. If none in those classes survival administrator of the participant's estate. If additional question being answered.	d only answer the question vives, then all questions mu	is up to and including the class of st be completed by the executor or
STATE	OF	COUNTY OF	
		, being first duly sworn	, deposes and says:
(Name	of person making affidavit and relationship to partici	pant)	
	THAT(Name of Participant)	, who died on	was
	(Name of Participant) the insured under The Group Life Insurance and/or A) Accidental Death Policy of T	Insert Date of Death) eamCare.
	I understand that the policy provides that in the abs will be made to the first surviving class of the fol Participant's (a) widow or widower; (b) surviving ch (c) surviving parents; (d) surviving brothers and sist (e) executors or administrators.	lowing classes of successi ildren (including out-of-wed	ve preference beneficiaries: The lock and legally adopted children);
	THAT for the purpose of inducing TeamCare to beneficiaries entitled to payment, the undersigned of for any improper payment which is based upon the QUESTION	does answer as follows and	agrees to reimburse TeamCare
1.	Did the participant leave a widow or widower survivi	ng? 🗌 YES	□ NO
	If "YES", complete the following: NAM	ME:	
	ADDRE	SS:	
	DATE OF BIR	TH:	
	DATE OF MARRIAGE TO PARTICIPA		
	PLACE OF MARRIA	GE:	
2.	If the answer to Question 1 is "NO", was the partic survived by any children (including out-of-wedlock legally adopted children)? If "YES", give <u>ALL</u> of names, addresses and copies of birth certificates under the age of 18, please provide name and add of guardian. If additional space is required, use reverse side showing number of question I answered.	c and their s. If dress e the	□ NO
3.	If the answers to Questions 1 and 2 are "NO", diparents of the participant or either of them survive If "YES", give <u>ALL</u> of their names, addresses, dat birth and date of death, if one is deceased.	him?	□ NO
4.	If the answers to Questions 1, 2 and 3 are "NO", wa participant survived by any brothers or sisters of w or half blood? If "YES", give <u>ALL</u> of their names addresses. Copies of birth and/or death certificates be required. If additional space is required, use reverse side showing number of question I answered.	whole and may the	□ NO
5.	If answers to Questions 1, 2, 3 and 4 are "NO", this administrator of the participant's estate.	form must be completed in f	full by the executor or
Subscrit	bed and sworn to before me this		
day of _	, 20	[0:m=-+-	ro of applicant(a)]
		First Name Init	re of applicant(s)] tial Last Name
	(Notary Public)		