

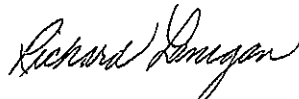
OPEIU \$2,000 Death Benefit

This is to certify that all members in good standing of OPEIU with twelve (12) or more consecutive months of membership shall be covered for a two-thousand-dollar (\$2,000) death benefit payable by OPEIU. A member's good standing and eligibility for this two-thousand-dollar (\$2,000) death benefit is forfeited if the member is more than two (2) months in arrears in dues during the fourteen-month (14-month) period prior to death, exclusive of the month of death.

A member who is not on the active payroll due to leave, disability or other similar circumstances remains eligible only if the member keeps his/her dues payment current. Therefore, a member must continue to pay dues directly to his/her Local Union, Guild or Directly Affiliated Group during these periods if he/she wishes to remain eligible for this benefit.

**Only active members are eligible for this benefit.
Once retired, a member is no longer eligible for this benefit.**

All death benefit claims will be paid by Amalgamated Life Insurance Company (ALICO) in accordance with rules promulgated by OPEIU.



Richard Lanigan
OPEIU President



Mary Mahoney
OPEIU Secretary-Treasurer



OPEIU \$2,000 Accidental Death and Dismemberment Benefit

This is to certify that all members in good standing of OPEIU with twelve (12) or more consecutive months of membership shall be covered for a two-thousand-dollar (\$2,000) accidental death and dismemberment benefit payable by OPEIU. A member's good standing and eligibility for this two-thousand-dollar (\$2,000) accidental death and dismemberment benefit is forfeited if the member is more than two (2) months in arrears in dues during the fourteen-month (14-month) period prior to death, exclusive of the month of death.

A member who is not on the active payroll due to leave, disability or other similar circumstances remains eligible only if the member keeps his/her dues payment current. Therefore, a member must continue to pay dues directly to his/her Local Union, Guild or Directly Affiliated Group during these periods if he/she wishes to remain eligible for this benefit.

Only active members are eligible for this benefit.

Once retired, a member is no longer eligible for this benefit.

All accidental death and dismemberment benefit claims will be paid by Amalgamated Life Insurance Company (ALICO) in accordance with rules promulgated by OPEIU.



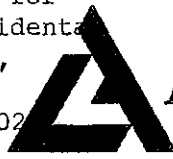
Richard Lanigan
OPEIU President



Mary Mahoney
OPEIU Secretary-Treasurer



This Beneficiary Form is for the \$2,000 Death and Accidental Death Benefit. Fill out, keep a copy and return to: MAGE-OPEIU Local 2002 6920 S. Cedar Ste 7 Lansing MI 48911



Amalgamated Life

Life • Accident • Disability

333 Westchester Avenue • White Plains, NY 10604-2910 • 914-367-5000

ENROLLMENT FOR LIFE INSURANCE

PLEASE TYPE OR PRINT

| | | | | | |
|----------------------------------|----------------|-----------------|------------------|--|--------|
| POLICYHOLDER'S NAME & ADDRESS | | OPEIU | | POLICY NUMBER 260C92 OPEIU AFL-CIO CLC | |
| INSURED'S NAME & ADDRESS | YOUR (LAST) | (FIRST) | (MIDDLE INITIAL) | | |
| STREET | | | | | |
| CITY, STATE, ZIP | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | | (MONTH) | (DAY) | (YEAR) |
| PLACE OF BIRTH (CITY, STATE) | | | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| OCCUPATION | ANNUAL SALARY | EMPLOYMENT DATE | EFFECTIVE DATE | | |

BENEFICIARY DESIGNATION

(Please Indicate a Primary and Contingent Beneficiary)

PRIMARY

The proceeds shall be divided equally among those of the following designated person or persons who survive the insured.

| NAME | RELATIONSHIP | ADDRESS |
|------|--------------|---------|
| 1. | | |
| 2. | | |

CONTINGENT

The proceeds shall be divided equally among those of the following designated person or persons who survive the Insured, provided no Primary Beneficiary designated above has survived the Insured.

| NAME | RELATIONSHIP | ADDRESS |
|------|--------------|---------|
| 1. | | |
| 2. | | |

I understand that this coverage shall become effective only if this application is accepted by the Amalgamated Life Insurance Company.

DATE _____, 20____ SIGNATURE **X** _____

DATE _____, 20____ WITNESS SIGNATURE OTHER THAN BENEFICIARY _____

NON-PARTICIPATION OPTION

I have been given an opportunity to apply for life insurance offered by Amalgamated Life Insurance Company. I understand this plan has been made possible for me through my Employer and I have had its benefits thoroughly explained to me. I choose not to apply at this time, and understand that a later application may require the submission of evidence of insurability. The Insurance Company will have the right to accept or reject my application.

DATE _____, 20____ SIGNATURE OF INSURED _____

