



## Department of Military Affairs and Public Safety

Cabinet Secretary Jeff S. Sandy, CFE, CAMS

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### OFFICE OF THE STATE FIRE MARSHAL

1207 Quarrier St, 2<sup>nd</sup> Floor

Charleston, WV 25301

[www.firemarshal.wv.gov](http://www.firemarshal.wv.gov)

July 25, 2018

Re: Beneficiary Designation Form

To: West Virginia Fire Departments

Dear Fire Chiefs:

The tragic incident resulting in the deaths of firefighters in Pratt, WV earlier this year has raised even more awareness to the unfortunate truths about line of duty deaths of our states' firefighters. The West Virginia Legislature has passed Senate Bill 625 (SB 625) addressing the issue of death benefits for firefighters killed in the line of duty. I am writing to encourage members of your department to complete a Beneficiary Designation Form.

The form is attached or can be found on our Fire Marshals website. We ask that you and each member of your said department complete this form at your earliest convenience. It must be retained with official department records, and each member of your department should also keep a file for their personal records and update the information with any changes as needed and at that time replacing the previously document with your updated one.

Our fire service members are valuable resources to their communities and this state and it is important that we acknowledge their commitment and sacrifice. This document is to ensure that if an incident should occur that the department and its members will be afforded the protections and benefits outlined in SB 625, which pertains to WV 5H-1.

I extend our sincere thanks to you and your members in your assistance with this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Tyree Jr.", with a stylized flourish at the end.

Kenneth E. Tyree Jr.

WV State Fire Marshal



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## BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

New Member       Beneficiary Change       Name Change: From: \_\_\_\_\_

Complete all of the following information:

<b>Policyholder Name and Policy Number(s)</b> <i>(Emergency Service Organization Name)</i>		
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Other _____	
<input type="checkbox"/>	Other _____	

<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>MI:</b> _____
<b>Date of Birth:</b> _____	<b>Date of Membership:</b> _____	<b>Social Security Number:</b> /    /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

<b>BENEFICIARY DESIGNATION – Primary Class</b>	<b>Relationship to Insured</b>	<b>Date of Birth</b>	<b>Percent</b> <small>(Must equal 100%)</small>
<input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)			
<b>BENEFICIARY DESIGNATION – Contingent Class</b>	<b>Relationship to Insured</b>	<b>Date of Birth</b>	<b>Percent</b> <small>(Must equal 100%)</small>
(Name, address, phone number and/or email address of beneficiaries)			

**MINOR OR ESTATE AS BENEFICIARY:** If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sample wording for Beneficiary Designations

<b>Class</b>	<b>Relationship to Insured</b>	<b>Percent</b>
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

**This form should be retained by the Fire Department/Policyholder with a copy to the insured(Fire Department Member).**

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.