



Department of Military Affairs and Public Safety

Cabinet Secretary Jeff S. Sandy, CFE, CAMS

State Fire Marshal Kenneth E. Tyree, Jr.

Phone: (304) 558-2191

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OFFICE OF THE STATE FIRE MARSHAL

1207 Quarrier St, 2nd Floor

Charleston, WV 25301

www.firemarshal.wv.gov

**Please DO NOT send the
Beneficiary Designation Form
to our office.**

The Beneficiary Designation Form should be retained with the official departmental records, and each member should also keep a copy for their personal records. Individuals should update the information with any changes as needed while replacing both the departmental record and personal record with the most current information.



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November 20, 2019

Re: Beneficiary Designation Form

To: West Virginia Fire Departments

Dear Fire Chiefs and all Fire Department Members:

The West Virginia Legislature last year during the legislative session passed Senate Bill 291 addressing the issue of survivor death benefits for emergency responders killed in the line of duty. I am writing to inform you that the enclosed Beneficiary Designation Form is required to be filled out by each current member and new members as they join your fire department.

The form is enclosed, and it also 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 previous document with their updated form with their said department.

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 291 and WV Code WV 5H-1.

I extend our sincere thanks to you and your members for the service you provide to your community and encourage you to ensure that a completed Beneficiary Designation Form is completed or updated and properly filed and retained within your Fire Department. **Please Note: The State's Training Providers were also asked by the legislature in this bill to provide the beneficiary form to any new members of your department that is receiving their required training.**

Sincerely,

Kenneth E. Tyree Jr.

WV State Fire Marshal

cc: WVU Fire Extension Service and WV Public Service Training



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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:

Policyholder Name and Policy Number(s) <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 _____	

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

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:

BENEFICIARY DESIGNATION – Primary Class	Relationship to Insured	Date of Birth	Percent <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)			
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Percent <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

Class	Relationship to Insured	Percent
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.