



**Department of Homeland Security**

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**OFFICE OF THE STATE FIRE MARSHAL**  
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[firemarshal.wv.gov](http://firemarshal.wv.gov)

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

**A photocopy of the Beneficiary Designation Form should be retained with the official departmental personnel record, and each member should keep the original document for their own personal records.**

**Members should regularly review (every 6 months) and update the information with any changes, as needed (ie: births, adoptions, deaths, marriage, divorce), and replace both the departmental personnel record and their own personal record with the most current information.**

**If you have more than one life insurance policy, the top section is provided so you can keep that information together, to better assist your beneficiary.**



## BENEFICIARY DESIGNATION FORM

(304) 558-2191  
firemarshal.wv.gov

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"/> _____ <b>Policyholder</b>	<b>Policy Number</b> _____
<input type="checkbox"/> _____ <b>Policyholder</b>	<b>Policy Number</b> _____
<input type="checkbox"/> _____ <b>Policyholder</b>	<b>Policy Number</b> _____
<input type="checkbox"/> _____ <b>Policyholder</b>	<b>Policy Number</b> _____
<input type="checkbox"/> <b>Other</b> _____	
<input type="checkbox"/> <b>Other</b> _____	

<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:

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