



Application for the Active Survivor Benefit / Retiree Survivor Benefit

Certificate No. _____

STEP 1: Complete Personal Information

Name _____ M F

Address _____

City, State, Zip _____ Home Phone _____

E-mail Address _____

Date of Birth (mm/dd/yy) _____ Social Security Number _____

Employer _____ District _____

Spouse's Name _____

Spouse's Date of Birth (mm/dd/yy) _____ Spouse's Soc. Sec. No. _____

STEP 2: Designate Beneficiary(ies)

Primary Beneficiary(ies): Beneficiaries named in this section will be considered primary beneficiary.

Name	Relationship to Insured	Address
_____	_____	_____
_____	_____	_____

Secondary Beneficiary(ies): If no primary beneficiaries survive you, proceeds will be paid to the surviving secondary beneficiaries named in this section.

Name	Relationship to Insured	Address
_____	_____	_____
_____	_____	_____

The beneficiary of any life insurance covering the dependents will be the primary insured.

STEP 3: Date and Sign Your Application

Date _____ Signature _____
(Please sign in ink)

Please return completed and signed form to Nazarene Benefits USA.

For NBUSA Office Use

Received _____ Effective _____



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