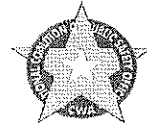




West Virginia Troopers Association, Inc.

210 Chesapeake Avenue, Charleston, West Virginia 25311
Telephone 345-WVTA Fax 345-9884



Local 2019

wvtaoffice@aol.com

www.wvtroopers.org

WVTA INSURANCE UPDATE

IMPORTANT – PLEASE COMPLETE AND RETURN

It is very important that our records relating to family data for WVTA members be current - Info relative to marriages, births and other circumstances. Beneficiaries may change for some and it is **vital** that we have those changes on record at the WVTA office for insurance purposes. Please take a moment to complete this form and return it in the enclosed envelope to the Association office as soon as possible. This **signed** form will supersede any prior beneficiary information. In the event of a death, the information on record will take precedence over actual info. (For example, an ex-spouse may be on record as beneficiary.)

(PLEASE PRINT OR TYPE)

Member Name: _____ Perm ID#: _____ Retired: _____

Address: (note if new) _____

_____ Phone: _____

Member Soc. Sec. No. _____ Member Date of Birth: _____

Spouse: (note if change) _____

Spouse Date of Birth: _____ Spouse Soc. Sec. No.: _____

List Children: (to age 25 years if full-time student)

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Beneficiary (List Address): _____

Contingent Beneficiary(ies) in case of death of Beneficiary Listed Above (List Address):

Signature: _____ Date: _____

Troop and Detachment _____ E:Mail _____