



Brotherhood's Relief and Compensation Fund
Beneficiary Form for Accidental Death & Dismemberment Benefits

BROTHERHOOD'S RELIEF AND COMPENSATION FUND

2150 Linglestown Road
Harrisburg, PA 17110

Telephone: 800-233-7080 Local: 717-657-1890

Please complete and mail signed form to BR&CF in the enclosed envelope.

GROUP ACCIDENT INSURANCE BENEFICIARY DESIGNATION FORM

BR&CF Member Information

Last Name	First	Middle Initial
Member #	Birth date	

Beneficiary - Give full name & relationship to member

Beneficiary	Relationship	%

This beneficiary form supersedes any previous beneficiary forms which may have been submitted for the above benefit.

Date Signed ____/____/____

Signature _____

Effective Date _____

Telephone (____) ____-____

Cell Phone (____) ____-____