Multiple Beneficiary Statement

(If more than five beneficiaries, an additional listing in the following format is to be prepared.)

Worldwide Assurance for Employees of Public Agencies
433 Park Avenue, Falls Church, VA 22046
(703) 790-8010, 1-800-368-3484 (toll free),
Email: info@waepa.org

CIGNA Group Insurance
Life - Accident - Disability
Life Insurance Company of North America
Policy Number AGL-1203

Claim is hereby made on behalf of myself and other named beneficiaries listed ALL OF WHOM ARE LIVING AND MENTALLY COMPETENT.

1. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

2. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

3. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

4. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

5. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

6. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

7. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

8. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

9. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

10. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

11. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

12. Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip _____

Signature of Beneficiary making claim: _____ Date _____

NOTE: This form is not complete without your signature.

REMINDER

Required: The completed Beneficiary Statement must be included with this form.

Please Sign and Date your form, and Mail it to:

Worldwide Assurance for Employees of Public Agencies
433 Park Avenue
Falls Church, VA 22046

If you provide attachments with your form, **each attachment must be signed and dated.**
Note: Because each form requires a handwritten signature, all applications must be sent through the mail. Applications are not transmitted via the Internet for processing nor can these be faxed.