



MetLife Enrollment & Beneficiary Card

Local 983 is providing you with **new additional life insurance**

No cost to you!

This benefit is offered to active members in good standing with the union.



Learn More: **1-844-227-0544** ☎ **Fax: 866-841-2565** 🖥 **myvipbenefits.com**

Your Information

First Name: _____
Middle Name: _____
Last Name: _____
Date of Birth: _____
Gender: _____
SSN: _____

Home Address

Street: _____
Apt: _____
City: _____
State: _____
Zip: _____

Primary Beneficiary Information

First Name: _____
Middle Name: _____
Last Name: _____
Relationship to Insured: _____

Enroller Name: _____

Work Information

Union Local: _____
Employer/Agency Name: _____
Work Site: _____
Job Title: _____
Full-Time: **Part-Time:**

Contact

Email: _____
Cell Phone: _____
Work Phone: _____

Secondary Beneficiary Information

First Name: _____
Middle Name: _____
Last Name: _____
Relationship to Insured: _____

Application Date: _____

Member Signature: _____

🖥 **Please send to vipadmin@winstonbenefits.com**