EACH COVERED INDIVIDUAL MUST COMPLETE THIS FORM & FILE THIS FORM WITH THEIR DEPT. DO NOT RETURN TO THE NSVFA OFFICE OR PROVIDENT INSURANCE.

Accident & Health Beneficiary Designation Form

Please complete this form and return it to your organization's Secretary who should maintain this form with your emergency service organization's records. Please do not return this form to Provident. If necessary, please photocopy this page or print additional copies at www.providentbenefits.com. Please PRINT or TYPE.

Nebraska State Volunteer Firefighter's Association — Policyholder Name (Emergency Service Organization)

ESO-7502506 — Policy #

Insured Person's Last Name | First | Initial | Date of Birth

Insured Person's Street Address

Insured Person's City | State | Zip Code | Social Security #

Primary Beneficiary ~ If the benefit is to be paid to more than one person, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each primary beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all primary beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share

Contingent Beneficiary ~ The contingent beneficiary(ies) will only receive benefits if all named primary beneficiaries predecease the Insured Person. If the benefit is to be paid to more than one contingent beneficiary, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each contingent beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all contingent beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share

Insured Person's Signature | Date Signed

PROVIDENT

Please return this form to your organization's secretary where it should be maintained with your emergency service organization's records.

Provided by: Provident Agency, Inc.
Toll Free 800.447.0360

PAI-AH-BENE 07/2006