



JORDAN EDUCATION ASSOCIATION DEATH BENEFIT

Personal Information

Name _____

Social Security Number _____

Address _____
Number City ZIP Code

Signature _____ Date _____

Beneficiary Information

Primary Beneficiary

Name _____

Address _____
Number City ZIP Code

Telephone # _____

Secondary Beneficiary

Name _____

Address _____
Number City ZIP Code

Telephone # _____

CHANGES (JEA Office Only)

- Name Change (Applicant)
- Address Change (Applicant)
- Beneficiary Change
- Date
- Received

How the Death Benefit works:

1. If an enrolled member should die, every other enrolled member will be notified of the death.
2. Each enrolled member will be notified that \$4.00 will be deducted from the member's next paycheck.
3. **The \$4.00 will only be deducted in the event of an enrolled member's death.**