



PO Box 14459  
Tumwater, WA 98511-4459

### WASA Travel Accident Policy

### Beneficiary Designation Form

Employee Member Name \_\_\_\_\_

Social Sec Number \_\_\_\_\_

Policy Holder            Washington Association of School Administrators

Policy Number            GTA 17194 Commercial Life Insurance Company

I hereby designate as my primary beneficiary under the above policy:

<u>Full Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby designate as my contingent beneficiary under the above policy:  
(optional)

<u>Full Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

This Beneficiary Designation when completed should be returned to the WASA Home Office and will be retained by WASA, The Policyholder, until coverage under the above policy terminates with respect to the named employee unless sooner changed or revoked by such employee.