

## Beneficiary Designation and Change Form

### USW Retirees of the Dana Corporation Health Care Trust

Participant (Last) _____ (First) _____	SSN _____
Address _____	Phone _____
<b>Beneficiary Information</b>	

beneficiary survives you, proceeds will be paid in equal shares to the contingent beneficiary.  
 If you do not designate a beneficiary, or if a beneficiary does not survive you, the death benefit can only be paid to your estate.

Please provide all information below for each beneficiary.	Primary <input type="checkbox"/> Add <input type="checkbox"/> Change	Contingent <input type="checkbox"/> Add <input type="checkbox"/> Change
Social Security Number		
Name		
Address		
Address		
Relationship		
Birthdate		

covered by a USW Retirees of the DANA Corporation Health Care Trust plan at the time of your death in order for you to be eligible for this Death Benefit.

change to your beneficiary designation. This designation replaces any other beneficiary designation I may have previously made for my insurance under the Group Policy.

I certify that the information provided is true and correct.

Participant's Signature \_\_\_\_\_