



Dear ATDA Member,

The 29th General Assembly approved a death benefit for our members as follows:

“This 29th General Assembly directs the joint board to investigate the cost of providing a death benefit to our members and authorizes the Joint Board to spend up to twelve thousand dollars (\$12,000.00) annually to provide a minimum \$500.00 death benefit to the beneficiary of (a) each current member in good standing who dies on or after January 1, 2004 and (b) each member who dies after retiring while in good standing on or after January 1, 2004.”

The 31st General Assembly modified the benefit as follows:

“This 31st General Assembly hereby removed the twelve thousand (\$12,000.00) annual limit and establishes a two thousand dollar (\$2,000.00) death benefit payable to the beneficiary of each member in good standing or those members who die after retiring while in good standing as of January 1, 2004, but will not be applied retroactively.”

Please complete the beneficiary designation portion of this letter and return it to the following address:

Secretary/Treasurer
4239 West 150th St
Cleveland, Ohio 44135

.Fraternally yours,

G. L. Melton

AMERICAN TRAIN DISPATCHERS ASSOCIATION
DEATH BENEFIT BENEFICIARY DESIGNATION/CHANGE FORM

Name of Member _____ Signature _____

Social Security Number _____

In the event of my death, I designate as primary Beneficiary and contingent Beneficiary under the ATDA life insurance program as approved by the 29th and 31st General Assemblies

PRIMARY BENEFICARY DESIGNATION

Full Name (last, first, Middle Initial)	Relationship	Date of Birth	Social Security Number

In the event said beneficiary predeceases me, I designate as contingent beneficiary:

CONTINGENT BENEFICARY DESIGNATION

Full Name (last, first, Middle Initial)	Relationship	Date of Birth	Social Security Number