



American Culinary Federation Term Life Insurance

American Culinary Federation, Inc. • Attention: Membership • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • www.acfchefs.org

This complimentary term life insurance benefit is currently offered to members* in good standing by the American Culinary Federation.

The benefit currently offered to members* in good standing by the American Culinary Federation is:

Death Benefit Amount:	\$5,000 death benefit
Benefit Reduction:	If the member is between the ages of 65 and 69, the policy provides a \$2,500 death benefit
Benefit Reduction:	For Members age 70 and older, the policy provides a \$1,000 death benefit

**This benefit is currently offered to Professional Culinarian, Culinarian, Senior Professional Culinarian members of the American Culinary Federation who are not members through the ACF Property or Military Program.*

Membership Death Benefit:

1. Contact the ACF membership department to notify us of death.
2. Claim form will be mailed to beneficiary and address on file.
3. The appropriate death benefit amount will be paid to the beneficiary named by the ACF member on the signed and dated form below.
4. ACF member dues must be current at the time of death to be eligible for benefit.
5. ACF will need a certified copy of death certificate in order to process claim.
6. Once ACF receives the claim form and certified copy of death certificate, processing will take approximately 2-3 weeks.

Beneficiary:

1. Complete the form below and mail it back to the American Culinary Federation.
2. You can change the beneficiary by contacting the Membership department at **800.624.9458** and requesting a new beneficiary form.

Member Beneficiary Information

First Name: _____ MI: _____ Last Name: _____ ACF #: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: Male Female Place of Birth: _____

Chapter: _____

Beneficiary of Insurance

Primary Beneficiary: _____ Relationship: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Contingent Beneficiary: _____ Relationship: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Member's Signature: _____ Date: _____

Once completed email to membership@acfchefs.net or mail this form to the address above.