



BENEFICIARY INFORMATION

NAD OFFICE OF VOLUNTEER MINISTRIES

www.hesaidgo.org

BENEFICIARY INFORMATION

This section identifies who receives benefits of Insurance coverage if Volunteer should die during approved term of service.

Volunteer Name	Date of Birth (Day/Month/Year)	
Primary (first) Beneficiary	Relationship to Volunteer	
Contingent Beneficiary (in case primary beneficiary dies first)	Relationship to Volunteer	
Signature	Date	Signature of Parent/Guardian of Volunteer *

***A parent or guardian must sign release instead if Volunteer is a minor in his/her place of residence.**

INSURANCE INFORMATION

If spouse and/or children are accompanying volunteer, please complete the following:

Spouse Name	Date of Birth (Day/Month/Year)
Child Name	Date of Birth (Day/Month/Year)
Child Name	Date of Birth (Day/Month/Year)
Child Name	Date of Birth (Day/Month/Year)

When completed, return to NAD Division Volunteer Coordinator: Fax: (301) 680-5079