

# Designation of Beneficiary

Name of Participant

Address

I, \_\_\_\_\_, of \_\_\_\_\_

Name of Beneficiary

Address

do hereby designate \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ as my insurance beneficiary during the 2018 ICUA Youth Rally the week of *July 9, 2018*.

I understand this insurance will be in effect from the time I leave home for the trip until the time I return home from the trip. I further understand the insurance is an accident policy that includes \$10,000 benefits for death or dismemberment and covers the medical costs for injuries incurred during the Rally. It does not cover illness, colds, flu, disease, etc. and covers only accidents that happen during the Rally. It will not cover an accidental injury that occurred before the start of the Rally.

Signature of Participant

Date

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