

Traveler's Emergency Contact and Beneficiary Designation



Please print clearly or complete digitally.

EMERGENCY CONTACT

*Must be someone **not** going on trip.*

Name of Emergency Contact Relationship to Traveler

Home Phone (include area code) Cell Phone (include area code) Work Phone (include area code)

*Travelers under the age of 18 do **not** need to complete the section below.*

ACE/CHUBB INSURANCE BENEFICIARY DESIGNATION

Benefits payable for loss of life are payable to the first surviving classes of the covered person: spouse; child; parent; sibling; then estate, unless indicated otherwise below.

Policy Number: ADDN10846419

Beneficiary:

First Name Middle Name Last Name

Street Address City State Zip

Relationship to Insured

Traveler's Signature and Date