



**BUSINESS TRAVEL ACCIDENT PROGRAM (BTAP)**

This insurance provides 24-hour business travel accident coverage while the volunteer is away from the office performing official PVA business. All registered PVA volunteers are automatically covered under Class III, in accordance with PVA’s insurance policy. The BTAP form, naming the beneficiary(ies) can be submitted anytime to National Office. The volunteer will remain insured until they are terminated or become inactive. Volunteers can change their beneficiary(ies) anytime by submitting a new BTAP

**BENEFICIARY PROVISION**

Affiliation:

- PVA Committee Member       National Director
- PVA National Employee       Executive Committee       Chapter Employee
- Chapter Volunteer - Please provide volunteer number (if known) \_\_\_\_\_
- Other Member \_\_\_\_\_

**DESIGNATION OF BENEFICIARY**

Settlement of the proceeds payable under the terms of this policy by reason of death of the insured shall, subject to the applicable provisions printed below, be made in one sum to the beneficiary(ies) herein designated, EXCEPT as may be otherwise indicated by an "X" or check mark in the box preceding 1 below. Please type or print.

- 1. Pay proceeds in one sum to THE ESTATE OF THE INSURED.
- 2. Pay proceeds to the following beneficiary(ies):

Name: \_\_\_\_\_ Relationship to the Insured: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the Insured: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the Insured: \_\_\_\_\_

Any amount payable to a beneficiary shall be paid to the beneficiary(ies) designated by the insured, except that, unless otherwise specifically provided by the insured in his/tier beneficiary designation:

- (a) If more than one beneficiary is designated, the designated beneficiaries shall share equally.
- (b) If any designated beneficiary predeceases the insured, the share which such beneficiary would have received if surviving the insured shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survive the insured.

The General Provisions of this policy shall be considered as part of this Beneficiary Provision where applicable.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_