

**Boilermakers National Health and Welfare Fund, Designation of Beneficiary Card** (This does not affect Pension or Annuity beneficiary designation.)

This form must be filled out completely and is only applicable for Participants on the Active Plan

Soc Sec. No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Name (LAST) (FIRST) (MI) DOB: / /

Street Address: City State Zip Code

Mailing Address: City State Zip Code

Subject to the terms of any group insurance policy issued to the Boilermakers National Health and Welfare Fund I request that any sum becoming payable to the beneficiary under said group insurance policy by reason of my death be payable to the following beneficiary (ies). It is my understanding and desire that this designation shall operate so as to revoke any and all designations of beneficiaries previously made by me under said group insurance policy.

Full Legal Name of the Beneficiary: DOB: / / Relationship:

Social Security Number: - - Street Address: City State Zip

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Social Security Number: - - Street Address: City State Zip

**PLEASE READ CAREFULLY**, (If more than one beneficiary is named, the beneficiaries shall share equally unless otherwise specified). **If any of the above beneficiaries predeceases me, such beneficiary's share shall be payable to the remaining designated beneficiary or beneficiaries, who survive me.**

Your Signature: Date Signed: / / Marital Status: Married  Single  Divorced  Widowed

Home Telephone: ( ) - Cell Phone ( ) - Email Address:

*If you are married and name any person other than your spouse as the beneficiary, then your spouse must sign the following agreement below.*

I Agree to the Beneficiary (ies) designated above Signature of Spouse: Date: / /



HEALTH AND WELFARE DEPARTMENT

