

WELFARE FUND

PRINT OR TYPE	LAST NAME		FIRST NAME		MIDDLE INITIAL	
HOME ADDRESS			CITY	STATE	TELEPHONE NO.	
DATE OF BIRTH	MONTH	DAY	YEAR	SOCIAL SECURITY NUMBER	-	UNION CARD NO.

NAME OF PRESENT
EMPLOYERBENEFICIARY'S NAME, WITH RIGHT TO CHANGE AS STATED IN THE POLICY.
(BENEFICIARY SHOULD BE WRITTEN "HELEN JONES", NOT MRS. HENRY A.
JONES". NOR "MRS. H. A. JONES.")BENEFICIARY'S
NAME (PRINT)RELATIONSHIP
TO INSUREDADDRESS OF BENEFICIARY
IF OTHER THAN ABOVEIF MORE THAN ONE BENEFICIARY IS NAMED, THE DEATH BENEFIT, UNLESS
OTHERWISE PROVIDED HEREIN, WILL BE PAID IN EQUAL SHARES TO THE
DESIGNATED BENEFICIARIES WHO SURVIVE THE INSURED; IF NO SUCH
BENEFICIARY SURVIVES, PAYMENT WILL BE MADE IN ACCORDANCE WITH THE
TERMS OF THE POLICY

INFORMATION FOR DEPENDENTS

DO YOU NOW HAVE ELIGIBLE DEPENDENTS?

YES ☐NO ☐

CHECK (X) YOUR DEPENDENT STATUS

SPOUSE ONLY

☐

• CHILDREN ONLY

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• SPOUSE AND CHILDREN

☐• INDICATE NUMBER OF CHILDREN
UNDER AGE 19

DATE CARD IS SIGNED

SIGNATURE OF MEMBER