

DESIGNATION OF BENEFICIARY FOR LIFE INSURANCE

The Fund provides you with a life insurance benefit of \$5,000.00 when you die from any cause, either on or off the job. The Fund pays the entire cost of coverage under the Life Insurance Plan for eligible participants only. Your dependents aren't eligible for coverage under the plan.

You may choose anyone you wish to be your beneficiary, and you may change your designation at any time. Use this form to designate primary and contingent beneficiaries.

YOU MUST SIGN AND DATE THIS FORM FOR IT TO BE VALID. ALL INFORMATION IN EACH SECTION MUST BE COMPLETED TO AVOID A DELAY IN PROCESSING.

Participant Information

First Name	Middle Name	Last Name
Address	City	State ZIP
Sex	Birth date	Social Security Number
Male Female		
Email Address	Phone Number	

Primary Beneficiary

First Name	Middle Name	Last Name
Address		
Sex	Birth date	Social Security Number
Male Female		
Phone Number	Relationship	

Contingent Beneficiary

First Name	Middle Name	Last Name
Address		
Sex	Birth date	Social Security Number
Male Female		
Phone Number	Relationship	

Participant Signature

Date Signed