



I.U.O.E. LOCAL 4 HEALTH & WELFARE FUND

16 Trotter Drive, P.O. Box 660, Medway, MA 02053-0660

www.local4funds.org

MEMBER NAME (Please Print)			DATE OF BIRTH	SOCIAL SECURITY #
Last	First	Middle		
YOUR SPOUSE'S NAME			DATE OF BIRTH	SOCIAL SECURITY #
Last	First	Middle		

MARITAL STATUS Married Single Divorced NUMBER OF COVERED DEPENDENTS UNDER AGE 19 **Please list all names below**

MEMBER ADDRESS

Street City State Zip

Your Phone # Your Email Address

INITIATION DATE LOCAL 4	HOME LOCAL IF OTHER THAN 4	UNION REGISTER #
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OTHER INSURANCE Yes No IF YES, ARE YOUR CHILDREN COVERED UNDER THIS PLAN? Yes No

NAME OF SPONSORING EMPLOYER NAME OF INSURANCE COMPANY POLICY #

TYPE OF COVERAGE (Circle)	EFFECTIVE DATE	TERMINATION DATE
MEDICAL - DENTAL SINGLE - FAMILY		

PRIMARY LIFE INSURANCE BENEFICIARY NOTE: If naming a minor, legal guardian must be appointed.	DATE OF BIRTH	RELATION
Last First Middle		

ADDRESS OF BENEFICIARY

Street City State Zip

SECONDARY (LIFE INSURANCE BENEFICIARY (if applicable) NOTE: If naming a minor, legal guardian must be appointed.	DATE OF BIRTH	RELATION
Last First Middle		

ADDRESS OF BENEFICIARY

Street City State Zip

COMPLETE THE FOLLOWING INFORMATION FOR EACH OF YOUR COVERED DEPENDENTS

NAME	ADDRESS IF DIFFERENT FROM YOURS	RELATION TO YOU	DATE OF BIRTH	IF COVERED BY ANOTHER EMPLOYER'S MEDICAL/DENTAL PLAN - LIST NAME & ADDRESS

The person named as your life insurance beneficiary will receive the Health & Welfare Fund Life Insurance in the event of your death while insured. In the event of your death, benefits from the Annuity Savings Plan and Pension Funds shall be paid to your legal spouse, or your ex-spouse if required by a Qualified Domestic Relations Order. If there is no spouse or Qualified Domestic Relations Order, benefits will be paid to the person named as life insurance beneficiary, unless you have notified the Funds in writing that you wish a different beneficiary.

MEMBER SIGNATURE DATE

UNDER PENALTIES OF PERJURY, I DECLARE THAT THE INFORMATION I HAVE FURNISHED ABOVE, TO MY KNOWLEDGE AND BELIEF, IS TRUE AND COMPLETE.