

FRINGE BENEFIT ENROLLMENT FORM
PLUMBERS & PIPEFITTERS LOCAL UNION 9
 PRINT ALL INFORMATION

 Last Name First Name M.I. Social Security Number

 Home Address City State Zip

 Date of Birth Marital Status (Circle One) Single Married Divorced Widowed Date of Marriage

List Below Names of Your Spouse and Unmarried Dependent Children

List Names in Order of Age – Oldest First	Social Security No.	Check Relationship			Date of Birth		
		Wife	Son	Daughter	Month	Day	Year

Beneficiary Designations

I hereby authorize the payment of any death benefits as follows:

Primary

Contingent

Welfare Fund

_____ Name (Last, First, MI)	_____ Name (Last, First, MI)
_____ Address	_____ Address
_____ SSN	_____ Relationship
_____ SSN	_____ Relationship

Pension Fund

_____ Name (Last, First, MI)	_____ Name (Last, First, MI)
_____ Address	_____ Address
_____ SSN	_____ Relationship
_____ SSN	_____ Relationship

Surety Fund

_____ Name (Last, First, MI)	_____ Name (Last, First, MI)
_____ Address	_____ Address
_____ SSN	_____ Relationship
_____ SSN	_____ Relationship

Signature of Employee

Date

Spousal Consent

If you are married and you wish to name someone other than your spouse as the beneficiary to your pension or annuity benefits, your spouse must consent to your designation by signing below in the presence of a Notary Public. YOUR BENEFICIARY DESIGNATION WILL NOT BE VALID UNLESS YOUR SPOUSE'S SIGNATURE IS NOTARIZED.

As the lawful spouse of the herein-named participant, I hereby certify that I agree with the pension and annuity beneficiary designation(s) made above. I understand that by doing so, I waive any and all rights to my spouse's death benefits and authorize the Administrator of the Plumbers & Pipefitters Local Union 9's Funds to pay all death benefits to the above named beneficiary(ies).

NOTARY

 (Signature of Participant's Spouse)

State of _____)
) SS:
 County of _____)

Subscribed and Sworn to before me, this _____ day of _____, 20 _____.

 (Notary Public)