

**International Union of Operating Engineers Benefit Funds of Eastern Pennsylvania & Delaware
Beneficiary Designation Form - Welfare Only**

Last Name	First Name	Middle Initial	Social Security Number	Marital Status
Address				
City	State	Zip Code		

Death Benefit			<i>Regardless of Marital Status, You may elect anyone as beneficiary</i>		
<i>If Eligible</i>					
Primary	Name(s)			Relationship	
Social Security	Phone Number		Date of Birth		
Address					
City			State	Zip Code	
Contingent	Name(s)			Relationship	
Social Security	Phone Number		Date of Birth		
Address					
City			State	Zip Code	

Signature **Date**

Death Benefit	If you die, a benefit may be paid to your beneficiary.
<p>Your beneficiary may receive a death benefit equal to \$5,000 if:</p> <p>1) You were eligible for coverage under the Welfare Fund for 6 out of the last 12 months; and</p> <p>2) You are eligible for Welfare benefits on the day you die.</p>	

Contact the Funds Office with any questions, 800 - 233 - 2043

This is NOT a census/dependent form. A separate form needs to be filled out to add/delete a dependent.

*Please remember to **sign** and **date** this form.*

Primary Beneficiary: This is the individual (or individuals) that you would like to receive payment in the event of your death.

Contingent Beneficiary: Will only receive payment if your Primary Beneficiary is no longer alive at the time of your death.

Remember: It's important to review your beneficiary elections annually, or when you experience a "Life-Event Change" "Life-Event Change" would be a change in marital status, birth of a child, divorce, etc.