PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 4
HEALTH & WELFARE/ MONEY PURCHASE ALL PURPOSE
ENROLLMENT BENEFICIARY FORM

Participants Last Name First Middle

Home Address, Number and Street

City, Town State Zip

Phone No:

Email Address:

Date of Birth Month Day Year	Social Security	
Date of Marriage	Date of Hire	Home Local

❒ Male ❒ Female

❒ Single ❒ Married ❒ Legally Separated

❒ Widowed ❒ Divorced

List below name(s) of husband or wife and unmarried children under 19 years old, or 19-26 years if full time student in an accredited college and dependent on you for support who are to be covered.

	Name	SS No.	Date of Birth
Spouse:		/ /	/ /
Dependent:		/ /	/ /
		/ /	/ /
		/ /	/ /

Please complete all sections and sign below. For additional information, please see below.

HEALTH FUND LIFE INSURANCE BENEFICIARY

Name of **PRIMARY** Beneficiary SS No. / /

Rel: DOB / /

Address of PRIMARY Beneficiary

Otherwise to Contingent Beneficiary SS No. / /

MONEY PURCHASE PLAN BENEFICIARY

PLEASE SEE ATTACHED BENEFICIARY FORM FROM PRUDENTIAL

Additional Information

IMPORTANT – If married, you may **NOT** designate a beneficiary other than your spouse under the Money Purchase Fund without your spouse's notarized consent (contact the Fund Office for special instructions).

Contingent Beneficiary – A Contingent Beneficiary would ONLY receive benefits if the Primary Beneficiary is deceased.

Multiple Beneficiaries – If you should desire to designate more than one Beneficiary to share benefits, indicate so on this form by checking here ❒ and indicate all beneficiaries on reverse side.

If you should have any questions, please call or write the Fund Office. Please be sure to **complete all sections** and return to Worcester Plumbers and Pipefitters Local Union No. 4 Health & Welfare//Money Purchase Funds, PO BOX 5817, Wallingford, CT 06492-7617 – Telephone: (888) 547-2462

x_____ SIGN HERE
Signature (Full Name) Date

x_____ WITNESS
Witness (not a relative) or Notary's Signature Date

IMPORTANT: The most current Form on file with the Funds Office supersedes all previous beneficiary designators for the Health & Welfare, & Money Purchase Plan (only).