Chicago & Vicinity Laborers' District Council
Health & Welfare Fund • Retiree Health & Welfare Fund

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PENSIONERS' PRIMARY BENEFICIARY DESIGNATION FOR DEATH BENEFIT

____
SOCIAL SECURITY NUMBER LAST NAME FIRST NAME MIDDLE

____
ADDRESS OF PENSIONER CITY STATE ZIPCODE

YOUR PRIMARY BENEFICIARY OR BENEFICIARIES WILL RECEIVE PAYMENT UPON YOUR DEATH. IF MORE THAN ONE BENEFICIARY IS DESIGNATED, SETTLEMENT WILL BE MADE IN EQUAL SHARES TO SURVIVING BENEFICIARIES AT THE TIME OF DEATH. UNLESS OTHERWISE PROVIDED HEREIN, YOU HEREBY REVOKE BENEFICIARIES PREVIOUSLY DESIGNATED.
PLEASE LIST YOUR PRIMARY BENEFICIARY (OR BENEFICIARIES) BELOW.

____
NAME OF PRIMARY BENEFICIARY RELATIONSHIP
(Note: If you elect your spouse as benefciary, this election will be revoked upon divorce.)

____
SOCIAL SECURITY NUMBER OF PRIMARY BENEFICIARY

____
ADDRESS OF PRIMARY BENEFICIARY

____
SIGNATURE OF PENSIONER DATE SIGNED

PENSIONERS' CONTINGENT BENEFICIARY DESIGNATION FOR DEATH BENEFIT

YOUR PRIMARY BENEFICIARY SHOULD BE MADE IN THE ABOVE SECTION. YOUR CONTINGENT BENEFICIARY WILL **ONLY** RECEIVE PAYMENT IF YOUR PRIMARY BENEFICIARY OR BENEFICIARIES DIE BEFORE THE DEATH BENEFIT PAYMENT IS MADE. IF MORE THAN ONE CONTINGENT BENEFICIARY IS DESIGNATED, SETTLEMENT WILL BE MADE IN EQUAL SHARES TO SURVIVING BENEFICIARIES AT THE TIME OF DEATH.

PLEASE LIST YOUR CONTINGENT BENEFICIARY (OR BENEFICIARIES) BELOW.

____
NAME OF CONTINGENT BENEFICIARY RELATIONSHIP
(Note: If you elect your spouse as benefciary, this election will be revoked upon divorce.)

____
SOCIAL SECURITY NUMBER OF CONTINGENT BENEFICIARY

____
ADDRESS OF CONTINGENT BENEFICIARY

____
SIGNATURE OF PENSIONER DATE SIGNED

* EFFECTIVE DATES AFTER 6/1/02, A $6,500 DEATH BENEFIT IS PROVIDED BY THE LABORERSôWELFARE FUND ONLY TO PENSIONERS WHO MEET THE ELIGIBILITY REQUIREMENTS FOR THE RETIREE MEDICAL PLAN.

** EFFECTIVE DATES PRIOR TO MAY 31, 2002, A $4,000 DEATH BENEFIT IS PROVIDED BY THE LABORERSôWELFARE FUND ONLY TO PENSIONERS WHO MEET THE ELIGIBILITY REQUIREMENTS FOR THE RETIREE MEDICAL PLAN.