

Toledo Electrical Welfare Fund
P.O. Box 60408, Rossford, OH 43460
419.666.4450 phone | 419.666.5410 fax
benefits@electricalfunds.org

Beneficiary Designation Form

Member Name: _____ Last 4 of SSN or UID: _____ Best contact # _____

Death Benefit from Health and Welfare Plan

- Active Member - \$10,000 benefit plus \$10,000 for Accidental Death & Dismemberment
- Early Retiree - \$2,000 benefit
- Normal Retiree - \$1,000 benefit

Beneficiary form 2/2017

Primary beneficiary(s)		
_____ Primary Beneficiary Name _____ Relationship to Insured	_____ Address of beneficiary _____ City/St/Zip _____ Phone #	* _____ List percent or dollar amount to be allocated to this beneficiary (If blank, 100% will be allocated equally between all primary beneficiaries)
Contingent beneficiary(s) receive the proceeds if the primary beneficiary dies before the benefit is paid. (Attach a separate sheet if needed.)		
CHOOSE ONE <input type="checkbox"/> Primary (*if this box is checked, the total on line 1 cannot be 100%) <input type="checkbox"/> Contingent		
_____ Beneficiary Name _____ Relationship to Insured	_____ Address of beneficiary _____ City/St/Zip _____ Phone #	_____ List percent or dollar amount to be allocated to this beneficiary (If blank, funds will be divided equally between all listed contingents)
CHOOSE ONE <input type="checkbox"/> Primary (*if this box is checked, the total on line 1 cannot be 100%) <input type="checkbox"/> Contingent		
_____ Beneficiary Name _____ Relationship to Insured	_____ Address of beneficiary _____ City/St/Zip _____ Phone #	_____ List percent or dollar amount to be allocated to this beneficiary (If blank, funds will be divided equally between all listed contingents)
CHOOSE ONE <input type="checkbox"/> Primary (*if this box is checked, the total on line 1 cannot be 100%) <input type="checkbox"/> Contingent		
_____ Beneficiary Name _____ Relationship to Insured	_____ Address of beneficiary _____ City/St/Zip _____ Phone #	_____ List percent or dollar amount to be allocated to this beneficiary (If blank, funds will be divided equally between all listed contingents)

- Beneficiaries for the Local 8 IBEW Pension Plan, 401(k) Plan and Voluntary Life Insurance are elected on separate forms.
- I understand that this form **Cancels and replaces** all previous beneficiary designations on file for the Toledo Electrical Welfare Fund.

Sign Here

Member/Employee Signature

Date

Please do not submit this form until it is filled out COMPLETELY. Please return to the funds office via mail, email or fax. Contact the funds office if you need assistance (419-666-4450)

Over for instructions

Instructions for Completing the Beneficiary Designation Form

This beneficiary form applies to:

Death Benefits from Health & Welfare Plan

- \$10,000 benefit plus \$10,000 for Accidental Death & Dismemberment- Active Member
- \$2,000 benefit- Early Retiree
- \$1,000 benefit- Normal Retiree

The beneficiary designations you make on this form replace and cancel all prior beneficiary designations pertaining to your Death Benefits from Health & Welfare Plan. Your designations do not become effective until this form is signed and received at your Health & Welfare Office.

- It is very important that you provide the **full legal name, relationship, address and phone number of each beneficiary you designate.** This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The *Beneficiary Designation Form* has three parts: Member Information, Primary and Contingent Beneficiary Designation, and Signature.
- **Please print clearly in ink.**
 - **Member Information-** Provide your first, last name and your Unique I.D. number (UID#) or last 4 of SS#
 - **Primary Beneficiary Designation-** You can designate one or more primary beneficiaries. *All primary beneficiaries share equally, unless you note otherwise.*
 - **Contingent Beneficiary Information-** You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with the member. *All contingent beneficiaries share equally, unless you note otherwise on your form.*
 - **Signature-** You must sign and date your form.
- **Special Beneficiary Designations**

Sometimes members wish to make a special designation for trusts or institutions. If you wish to make a special designation, please read the following information carefully.

 - **Designating a trust as beneficiary-** To designate a trust as beneficiary, provide the actual name of the trust and the date the trust was created in the space provided under “primary beneficiary”.
 - **Designating an institution as beneficiary-** To designate an institution (church, charity, funeral home, etc.) as your beneficiary, provide the full name of the institution and list the address in the space provided.

RETURN THE COMPLETED FORM TO THE TOLEDO ELECTRICAL WELFARE FUND OFFICE AND REMEMBER TO KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS.