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 The Toledo Electrical Welfare Fund

- Active Member -$20,000 benefit plus $20,000 for Accidental Death & Dismemberment
- Early Retiree-$2,000 benefit
- Normal Retiree- $1,000 benefit

NOTE: Beneficiaries for the IBEW Local No. 8 IBEW Retirement Plan are elected on a separate form.

Beneficiary form 07/2026

Primary beneficiary (s)

_____ Primary Beneficiary Full Name	_____ Address of beneficiary	* _____ List percent or dollar amount to be allocated to this beneficiary (If blank, 100% will be allocated equally between all primary beneficiaries)
_____ **Full** Social Security Number	_____ City/St/Zip	
_____ Relationship to Insured	_____ Phone #	

Contingent beneficiary(s) receive the proceeds if the primary beneficiary dies before the benefit is paid. (Attach a separate sheet if needed.)

CHOOSE ONE ☐ Primary (*if this box is checked, the total on line 1 cannot be 100%) ☐ Contingent

_____ Beneficiary Name	_____ Address of beneficiary	_____ List percent or dollar amount to be allocated to this beneficiary (If blank, funds will be divided equally between all listed contingents)
_____ **Full** Social Security Number	_____ City/St/Zip	
_____ Relationship to Insured	_____ Phone #	

CHOOSE ONE ☐ Primary (*if this box is checked, the total on line 1 cannot be 100%) ☐ Contingent

_____ Beneficiary Name	_____ Address of beneficiary	_____ List percent or dollar amount to be allocated to this beneficiary (If blank, funds will be divided equally between all listed contingents)
_____ **Full** Social Security Number	_____ City/St/Zip	
_____ Relationship to Insured	_____ Phone #	

CHOOSE ONE ☐ Primary (*if this box is checked, the total on line 1 cannot be 100%) ☐ Contingent

_____ Beneficiary Name	_____ Address of beneficiary	_____ List percent or dollar amount to be allocated to this beneficiary (If blank, funds will be divided equally between all listed contingents)
_____ **Full** Social Security Number	_____ City/St/Zip	
_____ Relationship to Insured	_____ Phone #	

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**

Over for Instructions

Please do not submit this form until it is filled out COMPLETELY.
Contact the funds office if you need assistance.

Instructions for Completing the Beneficiary Designation Form

This beneficiary form applies to:
Death Benefits from Health & Welfare Plan

- $20,000 benefit plus $20,000 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 The Funds Office.

- It is very important that you provide the **full legal name, relationship, address and phone number of each beneficiary you designate. (FORMS SUBMITTED WITH "NO CHANGES" WILL BE RETURNED.)** 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 specifically state otherwise on the form.*
    - **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 designate a trust or institution as their beneficiary. If you wish to make such a designation, please read the following information carefully.
    - **Designating a trust as beneficiary-** To designate a trust as beneficiary, provide the full 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.