

**U.A. LOCAL 350 PLUMBERS & PIPEFITTERS  
HEALTH, WELFARE, & VACATION TRUST FUND  
U.A. LOCAL 350 RETIREMENT FUND**

P. O. BOX 11337 - RENO, NEVADA 89510 - (775) 826-7200

NEW ENROLLMENT     ADDRESS CHANGE     BENEFICIARY CHANGE     DEPENDENT CHANGE

EMPLOYEE LAST NAME	FIRST NAME	MIDDLE INITIAL	MALE/FEMALE
ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MO/DAY/YR)	MARRIED/SINGLE	LOCAL UNION #
HEALTH & WELFARE BENEFITS PAYABLE ON DEATH TO:		RELATIONSHIP	
RESIDENCE OF BENEFICIARY: STREET	CITY	STATE	ZIP
ANNUITY PENSION BENEFITS PAYABLE ON DEATH TO:		RELATIONSHIP	
RESIDENCE OF BENEFICIARY: STREET	CITY	STATE	ZIP
EMAIL ADDRESS OF EMPLOYEE		EMAIL ADDRESS OF BENEFICIARY	

I HEREBY DESIGNATE, AS CONTINGENT BENEFICIARIES, MY SURVIVING CHILDREN, SHARE AND SHARE ALIKE, OR IF NONE, THEN MY SURVIVING PARENT(S), OR IF NONE, THEN MY SURVIVING BROTHER(S) AND SISTER(S), SHARE AND SHARE ALIKE. IF THIS DESIGNATION IS NOT DESIRED, CHECK HERE: \_\_\_\_\_

**PRINT NAME OF EACH DEPENDENT BELOW (LEGAL SPOUSE AND ALL UNMARRIED CHILDREN).**

PROVIDE CERTIFIED COPIES OF MARRIAGE CERTIFICATE FOR SPOUSE, CERTIFIED COPIES OF BIRTH CERTIFICATE(S) FOR EACH CHILD and A COPY OF THE SOCIAL SECURITY CARD FOR EMPLOYEE AND ALL DEPENDENTS.

\*\*MEMBERS AND DEPENDENTS ARE NOT ELIGIBLE FOR BENEFITS UNTIL THEIR SOCIAL SECURITY CARD IS PROVIDED.

DEPENDENT'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH MO/DAY/YR	SOCIAL SECURITY # REQUIRED	PLEASE CHECK THE RELATIONSHIP: SPOUSE   SON   DTR   STP SON   STP DTR			
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**DO ANY OF THE ABOVE HAVE OTHER INSURANCE INCLUDING MEDICARE, MEDICAID, COBRA, OR GOVERNMENT INSURANCE? YES ( ) NO ( ) IF SO, PLEASE PROVIDE THE NAME OF THE INSURED, THE CARRIER NAME AND ADDRESS, EFFECTIVE DATE, AND TYPE OF INSURANCE (MEDICAL, DENTAL, OR VISION):**

MARRIAGE DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

DIVORCE DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

IF DIVORCED, PLEASE PROVIDE A COPY OF YOUR DIVORCE DECREE.

"I HEREBY CERTIFY THAT THE ABOVE INFORMATION REGARDING MY DEPENDENTS AND MARITAL STATUS IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE."

SIGNED: X \_\_\_\_\_ DATE \_\_\_\_\_  
MEMBER'S SIGNATURE IN FULL