Health & Benefit Trust Fund of the I.U.O.E. Local 94, 94A, 94B

337 West 44th Street, New York NY 10036 212-541-9880

Member Last Name (Please Print) | Member First Name | Social Security #

Primary Beneficiary(ies):

Social Security #	Social Security #
Name	Name
Address	Address
Phone #	Phone #
Relationship	Relationship
Date of Birth:	Date of Birth:
Percentage of Benefit:	Percentage of Benefit:

If you wish to name additional Primary Beneficiaries, please attach additional copies of this page, indicating the total number of Primary Beneficiaries here: _____. If you designate more than one Primary Beneficiary, the percentages of your Primary Beneficiaries must total 100%. If no percentages are indicated then the Primary Beneficiaries will share equally. If a Primary Beneficiary dies before you, the remaining Primary Beneficiaries will share proportionally in the benefit that would have been paid to the deceased Primary Beneficiary. If no Primary Beneficiaries survive you, then your Contingent Beneficiaries, if any, will be entitled to benefits as described below.

Contingent Beneficiary(ies):

Social Security #	Social Security #
Name	Name
Address	Address
Phone #	Phone #
Relationship	Relationship
Date of Birth:	Date of Birth:
Percentage of Benefit:	Percentage of Benefit:

If you wish to name additional Contingent Beneficiary(ies), please attach additional copies of this page, indicating the total number of Contingent Beneficiaries here: _____. If you designate more than more than one Contingent Beneficiary, the percentages of your Contingent Beneficiaries must total 100%. If no percentages are indicated then the Contingent Beneficiaries will share equally. If a Contingent Beneficiary dies before you, the remaining Contingent Beneficiaries will share proportionally in the benefit that would have been paid to the deceased Contingent Beneficiary.

Member Signature | Date

State of)
County of)

On the _____day of _____, 20__, before me came_____, to me known, and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public | Date