



Your Future — Our Focus

Chicago Regional Council of Carpenters Welfare Fund
 12 E. Erie Street – Chicago, IL 60611
 (312) 787-9455, Phone Option 3



Enrollment and Life Insurance Beneficiary Designation Form

Instructions: **Print Clearly in Ink.** You must complete the form in full, sign and return it in the enclosed envelope.

Participant's Last Name			First Name in Full			Middle Name in Full		
Date Of Birth			Sex	Marital Status		Social Security # or Individual Tax ID # (ITIN)		
MONTH	DAY	YEAR	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		- -		
Home Address						Apt. Number		
City						State	Zip Code + Zip Ext	
Home Phone Number						Cell Phone Number		Email Address
() -			() -					

CATEGORY				Explain Category Other:			
<input type="checkbox"/> Journeyman <input type="checkbox"/> Apprentice <input type="checkbox"/> Other							
PRESENT LOCAL UNION				Is your present Local your <u>First</u> Local in the Chicago Regional Council?		My <u>First</u> Local Union in the Chicago Regional Council was:	
Since		Local Union Number	Member's Union I.D. Number			Initiation Date	Local Union Number
MONTH	DAY	YEAR				Month	Year
				<input type="checkbox"/> Yes <input type="checkbox"/> No - If no, complete next section			

Statement: It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or civil penalties can result from such an act. If any of the above information is untrue, I agree to reimburse the Chicago Regional Council of Carpenters Welfare Fund for any money it was induced to pay as a result of the information I provided. Receipt of this form is not a guarantee of eligibility.

Sign Here	Participant's Signature			Date Signed		
				Month	Day	Year

(Over for Designation of Life Insurance Beneficiary)

Designation of Life Insurance Beneficiary

Instructions: **Print Clearly in Ink.** If more than one beneficiary is designated, the designated beneficiaries will share equally. If any designated beneficiary dies before the Participant, the share that such beneficiary would have received if he/she had survived the Participant's death will be payable equally to the remaining designated beneficiaries who survive the Participant. The following information is required for each beneficiary.

- Beneficiary's full name (e.g. Mary B. Jones, not Mrs. John J. Jones);
- Relationship to Participant (if not related to Participant, show as "friend"); and
- Address, Birth date, and Social Security Number. Note if a SS# or ITIN is not provided, it may be difficult to locate a beneficiary should their address change.

A Participant should review his/her beneficiary designation when the Participant's marital status changes, the Participant has a child, or the Participant experiences another major life event.

In the event of my death, my life insurance benefit should be paid to:

Beneficiary's First Name		M.I.	Last Name		
Relationship to Participant	Birth Date of Beneficiary		SS# or ITIN of Beneficiary		
Street Address of Beneficiary		City		State	Zip
Beneficiary's First Name		M.I.	Last Name		
Relationship to Participant	Birth Date of Beneficiary		SS# or ITIN of Beneficiary		
Street Address of Beneficiary		City		State	Zip
Beneficiary's First Name		M.I.	Last Name		
Relationship to Participant	Birth Date of Beneficiary		SS# or ITIN of Beneficiary		
Street Address of Beneficiary		City		State	Zip
Beneficiary's First Name		M.I.	Last Name		
Relationship to Participant	Birth Date of Beneficiary		SS# or ITIN of Beneficiary		
Street Address of Beneficiary		City		State	Zip
Beneficiary's First Name		M.I.	Last Name		
Relationship to Participant	Birth Date of Beneficiary		SS# or ITIN of Beneficiary		
Street Address of Beneficiary		City		State	Zip

I hereby revoke any and all previous life insurance beneficiary designations and hereby designate the above as my beneficiary(ies). I understand that I may change my beneficiary designation(s) at any time by completing an Enrollment and Life Insurance Beneficiary Designation Form. Such change shall become effective when the form is received by the Chicago Regional Council of Carpenters Welfare Fund Office.

Sign Here	Participant's Signature in Full			Date Signed		
				Month	Day	Year

For Office Use Only

Contributions Dept. (Date & Initials)	Participant Services Dept. (Date & Initials)	Apprentice School. (Date & Initials)
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