



Benefit Office

1850 MT. READ BLVD
ROCHESTER NY 14615

UA LOCAL 13 PLUMBERS, PIPEFITTERS & SERVICE TECH'S
STEVE OSTRANDER - FUND ADMINISTRATOR

P (585) 338-2310
F (585) 544-3993

UA Local13 & Employers Group Insurance Fund Beneficiary Election Form

To the Board of Trustees:

In accordance with the provisions of the UA Local 13 Group Insurance Plan, I hereby designate the following beneficiaries to receive any benefits which may become payable under the Plan on account of my death:

PRIMARY

First Name	Middle Initial	Last Name	Relationship
Address		City/Town	Zip
E mail address		Cell Phone	Home Phone

SECONDARY

First Name	Middle Initial	Last Name	Relationship
Address		City/Town	Zip
E mail address		Cell Phone	Home Phone

TERTIARY

First Name	Middle Initial	Last Name	Relationship
Address		City/Town	Zip
E mail address		Cell Phone	Home Phone

YOU MAY LIST ONE OR MORE BENEFICIARIES:

However, the person named on line (1) will receive all benefits payable.

If the person named on line (1) is deceased at the time of your death, all benefits will then be payable to the person named on line (2).

If both of the persons named on lines (1) and (2) above are deceased, all benefits would then be payable to the person named on line (3).

This election is made in lieu of any beneficiary designation you may have previously submitted to the Benefit Office.

YOU MAY CHANGE YOUR BENEFICIARIES AT ANY TIME:

However, you must fill out another Beneficiary Election Form, and file it with the Benefit Office before it becomes effective.

If you have any questions concerning how this Form should be completed, please contact the UA Local 13 Benefit Office.

Participant Name : _____ Print _____ Signature _____ Date _____

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Witness Name : (Cannot be Beneficiary) _____ Print _____ Signature _____ Date _____