

TOLEDO ELECTRICAL WELFARE FUND

Beneficiary Designation Form

**Return to
Fund Office**

Member Name: _____ **Social Security #** _____

1) Death Benefit from Health & Welfare Plan

- \$10,000 benefit plus \$10,000 for Accidental Death & Dismemberment - Active Member
- \$2,000 benefit - Early Retiree
- \$1,000 benefit - Normal Retiree

Primary Beneficiary	Relationship to Insured	Address of Beneficiary	Percent/Dollar amount to be allocated
		Phone Number:	
Contingent Beneficiary	Relationship to Insured	Address of Beneficiary	Percent/Dollar amount to be allocated
		Phone Number:	
Contingent Beneficiary	Relationship to Insured	Address of Beneficiary	Percent/Dollar amount to be allocated
		Phone Number:	

2) Local No. 8 IBEW Retirement Plan & Trust

Primary Beneficiary (Must be spouse if married)	Relationship to Insured	Address of Beneficiary	Percent/Dollar amount to be allocated
		Phone Number:	
Contingent Beneficiary	Relationship to Insured	Address of Beneficiary	Percent/Dollar amount to be allocated
		Phone Number:	
Contingent Beneficiary	Relationship to Insured	Address of Beneficiary	Percent/Dollar amount to be allocated
		Phone Number:	

*Supplemental Life Insurance (bought through VEBA) and Local No. 8 IBEW 401(k) Plan are done through separate forms through the Life Insurance Company and the 401(k) Administrator (Putnam). Contact the Fund office for assistance.

Sign Here

Member/Employee Signature

Date

Mail To: Toledo Electrical Welfare Fund
P.O. Box 60408, Rossford, Ohio 43460
Telephone: (419) 666-4450
Fax: (419) 666-5410