

LOCAL 831 EMPLOYER TRUST FUNDS HEALTH BENEFICIARY CARD

Employee's last name	First Name	M.I.	Social Security Number	Date of Birth
Street Address	City	State	Zip Code	

The Plan has established "default" beneficiaries for the Health & Welfare Death Benefit. This is what most people will choose and will be applied to your benefits upon your death. If you wish to use the DEFAULT beneficiaries please mark the box in Section A and complete items 1 through 3 and item 8 below and please read items 4, 5 and 6. If you wish for a different set of beneficiaries or different order of beneficiaries, please mark the box in Section B and complete items 7 and 8 below.

Section A

☐ I choose the DEFAULT beneficiaries and have filled in items 2 and 3 below as required. (If you fail to select either choice, the Default will be applied).

1. My spouse at the time of my death. [Absent a waiver signed by your spouse this will be the automatic form of benefit for your pension]. If I leave no spouse, then
2. To the following persons,

Name/Relationship	SS Number	Address	Cell Phone No.	Percentage
Name/Relationship	SS Number	Address	Cell Phone No.	Percentage
Name/Relationship	SS Number	Address	Cell Phone No.	Percentage

3. If any of those named in item 2 above should die before me, that person's share

- ☐ A. shall be divided among the remaining named persons in proportion to their percentages; **or**
☐ B. go to the following person or persons

Name/Relationship	SS Number	Address	Cell Phone No.	Percentage
Name/Relationship	SS Number	Address	Cell Phone No.	Percentage
Name/Relationship	SS Number	Address	Cell Phone No.	Percentage

4. If none of the persons survive me, then in accordance with the terms of my living trust.
5. If I leave no living trust, then in the same manner as set out in the residuary provisions of my will.
6. If I leave no will, then according to the laws of intestacy in the state of my residence at the time of my death.

Section B

7. ☐ I do not want the DEFAULT beneficiaries and instead I designate the following:
My spouse at the time of my death. [Absent a waiver signed by your spouse this will be the automatic form of benefit for your pension].
If I leave no spouse or there is a signed waiver, then

Name of Primary Beneficiary	Primary Beneficiary SS Number
Address of Primary Beneficiary	Relationship of Primary Beneficiary
Name of Secondary Beneficiary	Secondary Beneficiary SS Number
Address of Secondary Beneficiary	Relationship of Secondary Beneficiary

8. I am currently ☐ married or ☐ not married. If married, my spouse information is as follows:

Spouse's Name:	Spouse's Cell Phone number:
Spouse's Address:	Spouse's Social Security number:

Signature: _____
Participant

Date: _____

Beneficiary Selection or Change

Please complete the above form if you have not already selected a beneficiary or you wish to change your beneficiary for your life insurance benefits that are provided to you through the Health Plan. You should also designate a beneficiary for any benefits that may be available through the Pension Plan. If you designate someone other than your spouse, please be aware that California is a community property state and your spouse must consent to someone else designated as your beneficiary.