



Central Laborers' Welfare Funds

P.O. Box 1267 • Jacksonville, Illinois 62651 • Phone 217/479-3600 • Fax 217/243-8619

<http://www.central-laborers.com>

DEATH BENEFIT BENEFICIARY INFORMATION

COMPLETE THE FOLLOWING SECTION IF YOU ARE A PARTICIPANT NOT COVERED BY COBRA OR RETIREE POLICY. BE SURE TO SIGN AND DATE THE BENEFICIARY ELECTION.

PRIMARY DEATH BENEFICIARY:

Beneficiary Name:		Relationship:
Beneficiary Address:		
Beneficiary City:	Beneficiary State:	Beneficiary ZIP code:
ALTERNATE BENEFICIARY IF PRIMARY BENEFICIARY PRE-DECEASES ME:		
Beneficiary Name:		Relationship:
Beneficiary Address:		
Beneficiary City:	Beneficiary State:	Beneficiary ZIP code:
Signature of the Participant:		Date:

I WANT MY PRIMARY BENEFICIARY TO REMAIN MY PRIMARY BENEFICIARY REGARDLESS OF MARITAL STATUS. Yes No

USE MY ALTERNATE BENEFICIARY IF I AM DIVORCED FROM THE PRIMARY BENEFICIARY. Yes No

Participant/Employee Information

Name:		
Local No.	SSN:	Home Phone:
Cell Phone:		E-mail:
Current address:		
City:	State:	ZIP Code:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		