



IRON WORKERS'

Tri-State Welfare Fund

20 N Martingale Road, Suite 290
 Schaumburg, Illinois 60173
 Toll Free 844-395-4467
 Fax 847-519-1979
 www.tristatewelfarefund.com
 tristateiron@groupadministrators.co



BENEFICIARY DESIGNATION FORM

I. Information about You:

Name	Social Security Number
Address	Date of Birth
City	State
	Zip Code

II. Iron Workers Tri-State Welfare Fund Death Benefit (Applies to Participants of Locals 111, 112, 380, 386, 393, 444, and 498)

Please indicate below the beneficiary(ies) who will receive any death benefits from the Welfare Fund upon your death:

Beneficiary Name	Relationship	Address

Participant Certification

I hereby certify that the above information is true and complete and I hereby designate the beneficiary(ies) noted above to receive any benefits payable following my death.

Participant Signature

Date