

LOCAL 807 LABOR-MANAGEMENT HEALTH & PENSION FUNDS

TEL (718) 274-5353 32-43 49TH STREET LONG ISLAND CITY, NEW YORK 11103 FAX (718) 728-4413

UNION TRUSTEES

Demos P. Demopoulos
Anthony Storz

FUND ADMINISTRATOR

Teresa Casanova

EMPLOYER TRUSTEES

Robert Holden
Scott Little
Peter Ingram

Change of Beneficiary Health Fund

CURRENT ADDRESS: _____

_____ ZIP _____ - _____

DATE OF BIRTH: _____ TEL.#: _____

SOCIAL SECURITY NO.: _____

EMAIL: _____

MEMBER'S NAME PRINTED: _____

MEMBER'S SIGNATURE: _____ DATE: _____

PLEASE DESIGNATE A PRIMARY AND SECONDARY BENEFICIARY:

PRIMARY:

NAME

DATE OF BIRTH

MAILING ADDRESS

RELATIONSHIP TO MEMBER

SECONDARY (In the event the primary beneficiary pre-deceased me or who dies after my death and prior to receiving all benefits due):

NAME

DATE OF BIRTH

MAILING ADDRESS

RELATIONSHIP TO MEMBER

Sincerely,

Local 807 Health Fund