NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

4208 W. PARTRIDGE WAY, UNIT 3, PEORIA, IL 61615

BENEFICIARY FORM

LAST NAME	FIRST NAME	MIDDLE INITIAL

HOME ADDRESS	CITY	STATE	ZIP	MARRIED	SINGLE

DATE OF BIRTH	SOCIAL SECURITY NUMBER	LOCAL UNION NUMBER

PRIMARY DEATH BENEFICIARY				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	RELATIONSHIP
ADDRESS OF BENEFICIARY				
STREET	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER

ALTERNATE BENEFICIARY				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	RELATIONSHIP
ADDRESS OF ALTERNATE BENEFICIARY				
STREET	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER

DATE	SIGNATURE

LIST BELOW NAMES OF YOUR SPOUSE AND UNMARRIED CHILDREN THAT ARE DEPENDENT UPON YOU FOR AT LEAST 1/2 OF THEIR SUPPORT

List full name in order of age - Eldest First	Check Relationship			Date of Birth		
	Spouse	Son	Daughter	Month	Day	Year