



Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (800) 730-2241
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Change in Beneficiary for Life Insurance Benefit *(A Health and Welfare Benefit)*

Complete this form if you want to change your beneficiary designation for purposes of the Life Insurance Benefits payable under the Plan.

Name of Participant: _____
(Please Print)

Address: _____
City State Zip

Social Security Number: _____

I hereby designate the following individual(s) as my beneficiary(ies) under the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund for the Life Insurance benefit and **I revoke any prior designations.**

Beneficiary # 1:

Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #: _____ Birth Date: _____ Social Security No. _____

Beneficiary # 2:

Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #: _____ Birth Date: _____ Social Security No. _____

Beneficiary # 3:

Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #: _____ Birth Date: _____ Social Security No. _____

Signature of Participant

Date

Please return this form to:

**Fund Office
Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund
Attn: Eligibility Dept.
911 Ridgebrook RD
Sparks, MD 21152-9451**