LAST NAME	FIRST NAME	MIDDLE NAME	LOCAL UNION NO.

HOME ADDRESS	CITY	STATE	ZIP CODE	MARRIED	SINGLE	DATE OF BIRTH MONTH	DAY	YEAR

SOCIAL SECURITY NO.	UNION MEMBERSHIP NO.	DATE FIRST JOINED LOCAL UNION

PRIMARY DEATH BENEFIT BENEFICIARY LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP

ADDRESS OF BENEFICIARY STREET	CITY	STATE	ZIP CODE

ALTERNATE BENEFICIARY IF PRIMARY BENEFICIARY PRE-DECEASED OR IS DIVORCED FROM ME LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP

ADDRESS OF ALTERNATE BENEFICIARY STREET	CITY	STATE	ZIP CODE

DATE CARD IS SIGNED:

MONTH DAY YEAR

SIGNATURE IN INK - USE FULL NAME

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND
4208 W. PARTRIDGE WAY • UNIT 3 • PEORIA, IL 61615

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(COMPLETE BOTH SIDES OF CARD)

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

List Full Names in Order of Age - Eldest First	Check (✔) Relationship			Date of Birth		
		Daughter	Son	Month	Day	Year

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