
**CHANGE OF
BENEFICIARY DESIGNATION**

**OPERATING ENGINEERS LOCAL 101
HEALTH AND WELFARE FUND**

Health and Welfare Fund

Participant's Name

Social Security Number

Participant's Mailing Address

Participant's Telephone Number

BENEFICIARY DESIGNATION

The undersigned hereby:

Accepts the benefits and privileges granted to him/her under Operating Engineers Local 101 Health and Welfare and Trust, and in consideration thereof agrees to be bound by the terms and provision of said Plan and Trusts and

Designates the following as his/her Beneficiary to receive any benefits due from said Plan and Trust in the event of his or her death:

Beneficiary's Name

Beneficiary's Social Security Number

Beneficiary's Mailing Address

Beneficiary's Telephone Number

Beneficiary's Date of Birth

Relationship to Participant

Complete information concerning beneficiaries and beneficiary designation is provided in the Summary Plan Description booklets.

Participant's Signature

Date Signed

Mail Completed Form To: Operating Engineers Local 101 Fringe Benefit Funds
6601 Winchester Avenue – Suite 250
Kansas City, MO. 64133

*Important Note: This form must be signed by the Participant and **mailed** to the Fund Office at the address listed above to be accepted. Faxed or emailed copies will NOT be accepted.*