

# NORTHWEST AND ALASKA IRONWORKERS TRUST FUNDS

PLEASE PRINT

## ENROLLMENT FORM/BENEFICIARY DESIGNATION FORM

F15

Local Union Number _____ <input type="checkbox"/> New Member <input type="checkbox"/> Address Change <input type="checkbox"/> Change/Add Dependent(s) <input type="checkbox"/> Change Beneficiary If adding a spouse or a child you must provide a copy of the Birth and/or Marriage Certificate. If removing a spouse, provide a copy of your divorce decree.					
<b>NAME</b> (Last, First, Middle Initial)	<b>SOCIAL SECURITY NUMBER</b>	<b>SEX</b>	<b>BIRTHDATE</b> (Mo/Day/Year)	<b>RELATIONSHIP to SUBSCRIBER</b>	<b>Check if Step, Foster or Adopted Child</b>
Member				Self	
Mailing Address (Street or PO Box, City, State, Zip Code)				Phone Number (    )	
Spouse				Date of Marriage	
Eligible Dependents (see back for definition)					

1. Are you, your spouse, or other dependents covered by any other group medical, dental or vision plan including Medicare?  Yes  No If "yes", please provide the information below. If covered by Medicare, a copy of your Medicare ID card must be on file with the Administration Office. List additional coverages on reverse of form.

Name of Person with Other Coverage	Soc. Sec. Number	Policy or I.D. Number
Name and Address of other Insurance Company	City	State
	Zip	

2. Insurance Covers:  Subscriber  Spouse  Children      3. Coverage includes:  Medical  Dental  Vision

**BENEFICIARY DESIGNATION** - You may name anyone as your Beneficiary to receive benefits from the Trust funds. However, if you have been legally married for one year as of your date of death, your surviving spouse will receive any Retirement and/or Annuity benefits payable. In community property states (Washington, Idaho), your surviving spouse is also entitled to any community property interest in the Vacation and/or Health and Security benefits. **You must indicate your choice of beneficiary below even if you are married and intend for your benefits to be paid to your spouse.**

<p><b>ALASKA RETIREMENT PLAN – Death Benefit</b></p> Beneficiary Name: _____ <span style="margin-left: 100px;"><i>Last</i></span> <span style="margin-left: 100px;"><i>First</i></span>	<p><b>NORTHWEST RETIREMENT PLAN – Death Benefit</b></p> Beneficiary Name: _____ <span style="margin-left: 100px;"><i>Last</i></span> <span style="margin-left: 100px;"><i>First</i></span>
Beneficiary Address: _____ <span style="margin-left: 100px;"><i>Street or PO Box</i></span>	Beneficiary Address: _____ <span style="margin-left: 100px;"><i>Street or PO Box</i></span>
_____ <span style="margin-left: 100px;"><i>City, State, Zip</i></span>	_____ <span style="margin-left: 100px;"><i>City, State, Zip</i></span>
<p><b>NORTHWEST/ALASKA ANNUITY PLAN – Death Benefit</b></p> Beneficiary Name: _____ <span style="margin-left: 100px;"><i>Last</i></span> <span style="margin-left: 100px;"><i>First</i></span>	<p><b>NORTHWEST VACATION PLAN – Death Benefit</b></p> Beneficiary Name: _____ <span style="margin-left: 100px;"><i>Last</i></span> <span style="margin-left: 100px;"><i>First</i></span>
Beneficiary Address: _____ <span style="margin-left: 100px;"><i>Street or PO Box</i></span>	Beneficiary Address: _____ <span style="margin-left: 100px;"><i>Street or PO Box</i></span>
_____ <span style="margin-left: 100px;"><i>City, State, Zip</i></span>	_____ <span style="margin-left: 100px;"><i>City, State, Zip</i></span>
<p><b>NORTHWEST/ALASKA HEALTH &amp; SECURITY – Life Insurance</b></p> Beneficiary Name: _____ <span style="margin-left: 100px;"><i>Last</i></span> <span style="margin-left: 100px;"><i>First</i></span>	<p><b>MEMBER SIGNATURE</b> – I hereby certify that the above information is true, correct and complete to the best of my knowledge and supersedes any beneficiary designation signed prior to the date shown below.</p>
Beneficiary Address: _____ <span style="margin-left: 100px;"><i>Street or PO Box</i></span>	_____ <b>Participant Signature</b> ( <i>must be signed by participating member</i> )
_____ <span style="margin-left: 100px;"><i>City, State, Zip</i></span>	_____ <b>Date:</b> _____

RETURN A COPY TO THE ADMINISTRATION OFFICE: P.O. BOX 34203 – SEATTLE, WA 98124-1203  
 RETAIN A COPY FOR YOUR RECORDS