

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.					
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	SEX	BIRTHDATE (Mo/Day/Year)	RELATIONSHIP to SUBSCRIBER	Check if Step, Foster or Adopted Child
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.**

ALASKA RETIREMENT PLAN – Death Benefit Beneficiary Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Last</i><i>First</i></div> Beneficiary Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Street or PO Box</i></div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>City, State, Zip</i></div>	NORTHWEST RETIREMENT PLAN – Death Benefit Beneficiary Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Last</i><i>First</i></div> Beneficiary Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Street or PO Box</i></div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>City, State, Zip</i></div>
NORTHWEST/ALASKA ANNUITY PLAN – Death Benefit Beneficiary Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Last</i><i>First</i></div> Beneficiary Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Street or PO Box</i></div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>City, State, Zip</i></div>	NORTHWEST VACATION PLAN – Death Benefit Beneficiary Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Last</i><i>First</i></div> Beneficiary Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Street or PO Box</i></div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>City, State, Zip</i></div>
NORTHWEST/ALASKA HEALTH & SECURITY – Life Insurance Beneficiary Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Last</i><i>First</i></div> Beneficiary Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>Street or PO Box</i></div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><i>City, State, Zip</i></div>	MEMBER SIGNATURE – 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. _____ Participant Signature (must be signed by participating member) Date: _____

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