

International Union of Operating Engineers Local 132

Health and Welfare Fund

P.O. Box 2626 Huntington, West Virginia 25726-2626
 (304) 525-0482 1-800-642-3525 www.iuoe132.org

ENROLLMENT FORM

Name:

Participant's Name _____ ID Number or SSN _____

Address:

Street _____ City _____ State _____ Zip Code _____

Participant's Date of Birth _____ Home Phone Number _____ Cell Phone Number _____

Home Local Number _____ Original Initiation Date _____ Registration Number _____

Marital Status: Single Divorced
 Married Widower
Gender: Male
 Female

Are you or your spouse covered by any other Plan or insurance carrier? Yes No

If yes, complete the following:

(Check All That Apply)

- Group Single
- Individual Family
- Medicare COBRA
- Medicaid

Name of Insured _____

Name of Insurance _____

Policy Number _____

Insurance Phone Number _____

Effective Date of Coverage _____

Do you have prescription coverage? Yes No

Print the name of each dependent below. If you have no dependents write "NONE". Dependents are your spouse (copy of Marriage Certificate is required) and all unmarried children under nineteen (19) years of age. Any unmarried children who have attained age nineteen (19) will continue to be eligible until the child's twenty-third (23rd) birthday if unmarried, a full-time student at an accredited college or technical school, and not eligible under any other plan.

Copy of Birth Certificate(s) is required for each Dependent listed below.

List Names in order of Age Oldest First	Social Security Number	Date of Birth Month / Day / Year	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

I hereby authorize the release to or by the IUOE Local 132 Health & Welfare Fund for any medical or insurance information required to process claims submitted on my behalf or the behalf of any of my dependents listed above. A photocopy of this information may be honored.

I hereby declare the information I have provided is true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits and that the Fund has the Right to Recovery from any Participant, any payments made as a result of misrepresentation, mistake or error, irrespective of the party causing such mistake or error.

I understand it is my responsibility to notify the Fund Office immediately should my spouse or dependent child(ren) become eligible with another insurance carrier or Plan.

→ _____
 Participant's Signature

→ _____
 Date

International Union of Operating Engineers

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HEALTH & WELFARE FUND

Beneficiary Designation Form

Participant Information

Name: _____ ID Number or SSN: _____

I understand in the event of my death, the distribution of any amount payable from the IUOE Local 132 Health and Welfare Fund will be made to the beneficiary(ies) designated below in accordance with the provisions of the Plan.

To make a beneficiary designation for your Life Insurance and AD&D Insurance, please complete the form below. Please be sure to include all of the requested information for each beneficiary. If you designate more than one beneficiary, the funds will be divided equally among all named beneficiaries unless you specify otherwise or required by law.

IMPORTANT: If you name a minor child as your beneficiary, you must appoint a legal guardian.

Primary Beneficiary(ies)

_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #

	Address			
_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #

	Address			

Contingent Beneficiary(ies)

If there is no primary beneficiary(ies) living at the time of my death, I hereby designate the following contingent beneficiary(ies).

_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #

	Address			
_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #

	Address			

Signature

I understand this designation supersedes any previous designation and is not valid unless signed and dated.

→ _____
Participant's Signature

→ _____
Date

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PENSION FUND

Rejection of the Qualified Survivor Benefit

Only complete this form if you wish to waive your right to a Qualified Survivor Benefit

Upon becoming a Participant in the IUOE Local 132 Pension Fund, should your death occur prior to becoming vested for a retirement benefit, your spouse or designated beneficiary may be entitled to a lump sum death benefit. When you become vested in a future retirement benefit and should you die before your Early Retirement date, your surviving spouse will automatically be entitled to a Qualified Survivor Benefit. This benefit will be in the form of a monthly payment equal to 100% of your earned monthly benefit at the date of your death (known as the 100% Qualified Joint & Survivor Benefit Option).

Your spouse's right to a future Qualified Survivor Benefit can be waived only by you in writing with the written consent of your spouse. Such consent must be upon this form provided by the Fund Office and must be filed with the Fund Office prior to your death. Your spouse cannot waive the Qualified Pre-Retirement Survivor benefit after your death.

Do not complete this form if you wish for your spouse to be entitled to the Qualified Survivor monthly benefit.

Participant's Consent

I hereby reject any Qualified Survivor Benefit which may be payable to my spouse in the event of my death prior to my early retirement date. I understand this rejection will permit the Plan to pay a Lump Sum Death Benefit in lieu of a monthly survivor benefit.

→ _____ → _____
Participant's Signature (Witnessed by a Notary Public) ID Number or SSN Date

Spouse's Consent

I hereby consent to the Participant's rejection of the Qualified Survivor Benefit which may be payable to me in the event of my spouse's death. I understand this rejection will preclude my receiving a monthly survivor benefit and I may only be entitled to a lump sum death benefit.

→ _____ → _____
Spouse's Signature (Witnessed by a Notary Public) Social Security Number Date

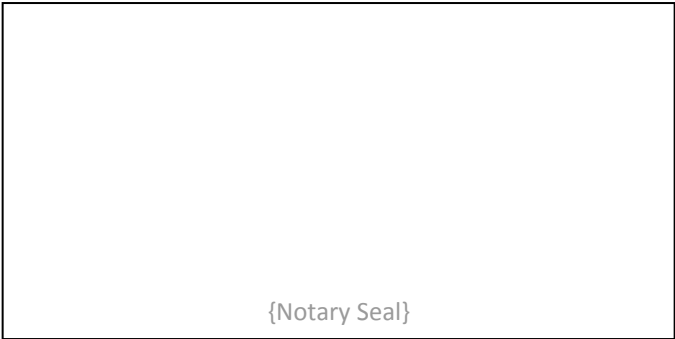
STATE OF _____

COUNTY OF _____, TO WIT:

The foregoing was acknowledged and completed before me, this the _____ day of _____, _____ by _____ and _____, whose names are signed in writing above.

My commission expires

Signature of Notary Public



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PENSION FUND

Beneficiary Designation Form

Participant Information

Name: _____ ID Number or SSN: _____

I understand in the event of my death, the distribution of any amount payable from the IUOE Local 132 Pension Fund will be made to the beneficiary(ies) designated below in accordance with the provisions of the Plan.

To make a beneficiary designation for your Pension benefits, please complete the form below. Please be sure to include all of the requested information for each beneficiary. If you designate more than one beneficiary, the funds will be divided equally among all named beneficiaries unless you specify otherwise or required by law.

IMPORTANT: If you name a minor child as your beneficiary, you must appoint a legal guardian.

Primary Beneficiary(ies)

_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #
	Address			
_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #
	Address			

Contingent Beneficiary(ies)

If there is no primary beneficiary(ies) living at the time of my death, I hereby designate the following contingent beneficiary(ies).

_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #
	Address			
_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #
	Address			

Signature

I understand this designation supersedes any previous designation and is not valid unless signed and dated. I understand if I am married and designate a beneficiary(ies) other than my spouse, then my spouse must consent to such designation by completing the Spousal Consent Form.

→ _____ → _____
Participant's Signature Date

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PENSION FUND

Beneficiary Designation Spousal Consent Form

Participant Information

Name: _____ ID Number or SSN: _____

Only complete this form if the Participant designates a beneficiary other than the Spouse

I, the undersigned spouse of the above name Participant, hereby consent to the designation of the beneficiary(ies) listed by the Participant. I understand the effect of this designation is to designate some or all of my spouse's death benefit to be paid to a beneficiary other than myself.

I understand this designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation(s). I further realize I do not have to sign this agreement, but am doing so voluntarily.

I understand that this beneficiary designation and spousal consent is valid only for any benefits paid prior to the Participant's commencement of retirement benefits through International Union of Operating Engineers Local 132 Pension Fund.

I understand that if I do not sign this Spousal Consent Form, I am designated as the beneficiary for any benefits payable through the International Union of Operating Engineers Local 132 Pension Fund.

→ _____
Spouse's Signature

→ _____
Date Signed

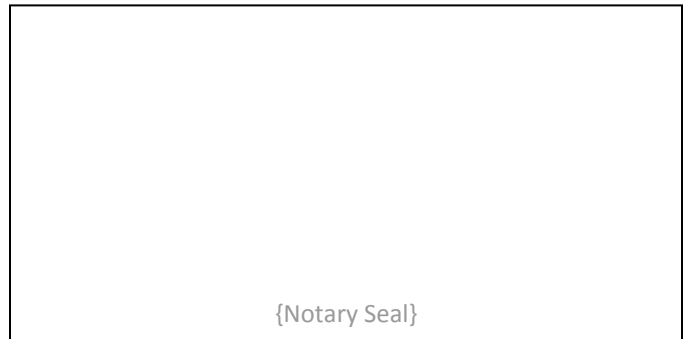
STATE OF _____

COUNTY OF _____, TO WIT:

The foregoing was acknowledged and completed before me, this the ____ day of _____, _____ by _____, who proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

My commission expires

Signature of Notary Public



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ANNUITY & SAVINGS FUND

Beneficiary Designation Form

Participant Information

Name: _____ ID Number or SSN: _____

I understand in the event of my death, the distribution of any amount payable from the IUOE Local 132 Annuity & Savings Fund will be made to the beneficiary(ies) designated below in accordance with the provisions of the Plan.

To make a beneficiary designation for your Annuity & Savings benefits, please complete the form below. Please be sure to include all of the requested information for each beneficiary. If you designate more than one beneficiary, the funds will be divided equally among all named beneficiaries unless you specify otherwise or required by law.

IMPORTANT: If you name a minor child as your beneficiary, you must appoint a legal guardian.

Primary Beneficiary(ies)

_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #
	Address			
_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #
	Address			

Contingent Beneficiary(ies)

If there is no primary beneficiary(ies) living at the time of my death, I hereby designate the following contingent beneficiary(ies).

_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #
	Address			
_____ %	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Social Security #
	Address			

Signature

I understand this designation supersedes any previous designation and is not valid unless signed and dated. I understand if I am married and designate a beneficiary(ies) other than my spouse, then my spouse must consent to such designation by completing the Spousal Consent Form.

→ _____
Participant's Signature

→ _____
Date

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ANNUITY & SAVINGS FUND

Beneficiary Designation Spousal Consent Form

Participant Information

Name: _____ ID Number or SSN: _____

Only complete this form if the Participant designates a beneficiary other than the Spouse

I, the undersigned spouse of the above name Participant, hereby consent to the designation of the beneficiary(ies) listed by the Participant. I understand the effect of this designation is to designate some or all of my spouse's death benefit to be paid to a beneficiary other than myself.

I understand this designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation(s). I further realize I do not have to sign this agreement, but am doing so voluntarily.

I understand that if I do not sign this Spousal Consent Form, I am designated as the beneficiary for any benefits payable through the International Union of Operating Engineers Local 132 Annuity & Savings Fund.

I hereby voluntarily consent to the above beneficiary designation and understand its effect. I understand that I may be waiving my right to receive a survivor annuity which would otherwise be payable to me.

→ _____
Spouse's Signature

→ _____
Date Signed

STATE OF _____

COUNTY OF _____, TO WIT:

The foregoing was acknowledged and completed before me, this the ____ day of _____, _____ by _____, who proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

My commission expires

Signature of Notary Public

