

INLAND

Refrigeration & Air Conditioning

Health & Welfare Trust Fund and Retirement Trust Fund
administered by

Southern California Pipe Trades Administrative Corporation
501 Shatto Place, 5th Floor, Los Angeles, CA 90020
(800) 595-7473 • (213) 385-6161 • FAX (213) 385-2767

Enrollment & Beneficiary Form

Please Print & Use Black or Blue Ink Only
NOTE: BE SURE TO COMPLETE ALL APPLICABLE SECTIONS

Section A. Member's Information

Name (First, Middle, Last)	S.S.# xxx-xx-xxxx	Local Union #
Address (Street, City, Zip, State)	Phone # (xxx) xxx-xxxx	Date of Birth (mm-dd-yy)

Section B. Enrollment of Dependents – List all dependents eligible for the health plan* Inland Refrigeration & Air Conditioning Health & Welfare Fund

Dependent	Name	Date of Birth	S.S.#
Spouse			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

*Lawful Spouse and Eligible Children. Each box must be completed in full. Official Marriage Certificates & Birth Certificates (with original seal or stamp) required to enroll dependent. "Souvenir" certificates are NOT acceptable.

Section C. Beneficiary Designations

NOTE: If you designate your spouse as a Beneficiary below then, if you divorce, your Beneficiary designation is automatically revoked and void, and you must sign a new Beneficiary designation naming your ex-spouse after the date of the divorce if you want him/her to continue to be your Beneficiary.

1. Inland Refrigeration & Air Conditioning Health & Welfare Trust Fund

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

If you are married and any of the PRIMARY BENEFICIARIES named for the funds below is someone OTHER THAN YOUR SPOUSE, then federal law requires that Section E must be signed by your spouse and notarized.

2. Inland Refrigeration & Air Conditioning Retirement Trust Fund

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

