



DEPENDENT CHANGE FORM CHANGE OF BENEFICIARY FORM

IUOE • Local 399 Health & Welfare Fund
2260 S. Grove Street • Chicago, IL 60661
Phone: (312) 372-9870 Ext. #3 • Fax: (312) 842-0291

Please complete **Section 1** if you wish to **ADD** a dependent.
The Fund will require a marriage certificate or a birth certificate when adding a new dependent.
Please complete **Section 2** if you wish to **DELETE** an existing dependent from your plan.
Changes in marital status must be reported to the Fund Office immediately.

Complete **Section 3** if you wish to **CHANGE YOUR BENEFICIARY in connection with your death benefit** payable under Local 399's Health & Welfare Plan. The death benefit will be paid to your last named beneficiary.

This form requires an original signature of the Member and should be hand delivered to the Health & Welfare Office or mailed to the Fund Office at the address listed above. You may request acknowledgement of receipt of this change form.

SECTION 1 – ADD A DEPENDENT TO THE PLAN

This is to notify the Health & Welfare Fund that the following dependents **ARE NOW ELIGIBLE** for the Plan:

NAME	RELATIONSHIP	BIRTHDATE	MARRIAGE DATE

SECTION 2 – DELETE AN EXISTING DEPENDENT

This is to notify the Health & Welfare Fund that the following dependents **ARE NO LONGER ELIGIBLE** for the Plan:

NAME	RELATIONSHIP	REASON FOR TERMINATION	EFFECTIVE DATE

SECTION 3 – CHANGE OF BENEFICIARY

This is to notify the Health & Welfare Fund of a **change in beneficiary to the death benefit** under Local 399's Health & Welfare Plan:

NAME	BIRTHDATE	RELATIONSHIP	ADDRESS / PHONE #

If more than one beneficiary is designated, settlement will be made in equal shares unless otherwise provided above. If no designated beneficiary survives the member, settlement will be made to the estate of the member.

I certify that all information provided to the Fund Office on this form is correct and that the beneficiary listed above was designated by me on this date.

/ /

Signature of Member
Member Soc. Security No.
Date

Birth Certificate Received: _____
Marriage Certificate Received: _____
Divorce Decree Received: _____