



LOCAL 399 ACTIVE RETIREE BENEFICIARY FORM

Date: _____

I _____, designate _____
*(Member Name)** *(Beneficiary Name)*

who is my _____ as my beneficiary. In the event that my beneficiary is dead or there is
(Relationship)
any dispute in respect to who is eligible to be my beneficiary, I agree that any benefits due my beneficiary shall be paid to my estate.

Member Signature _____

Register Number _____
(Register number is located on the lower left side of your Union Membership Card)

*Active member in good-standing to receive the IUOE Local 399 Active Retiree Death Benefit.

Please return this completed form to Eileen Hoey
via email to: ehoey@iuoe399.com
via fax to: (312) 842-1562
or mail to
IUOE Local 399 • 2260 S Grove Street • Chicago, IL 60616

In order to qualify for the Local 399 Retiree Death Benefit:
Upon retirement, you must be and remain an active retired Local 399 member in good-standing with your retiree dues up-to-date.