

PLEASE PRINT IN INK

TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA AND VICINITY BENEFICIARY AND CENSUS CARD

Member's Name: _____
(Last) _____ (First) _____ (Middle) _____ (Initial) _____ SS#: _____

Member's Address: _____ Member's Home Phone Number: _____

Employer's Name: _____ Date Employed: _____ Local Union #: _____

Member's Date of Birth: _____

Sex (circle one): Male Female Marital Status (circle one): Married Single Divorced Separated Widowed Other

Spouse's Name: _____ Spouse's Date of Birth: _____ SS#: _____

Name & Address of Spouse's Employer: _____

Name & Address of Spouse's Insurance Carrier: _____

DEPENDENT INFORMATION (list unmarried dependent children):

Name	Sex	Date of Birth	SS #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEATH BENEFIT BENEFICIARY:

Name of Beneficiary: _____ Relationship to Member: _____

Address of Beneficiary: _____

By signing below I revoke any previous beneficiary designation. I also reserve the right to change this beneficiary designation and I certify that the information contained above is correct and accurate.

MEMBER'S SIGNATURE: _____ DATE: _____

FOLD UP ALONG PERFORATION AND TAPE SHUT AT THE TOP

