



**OPERATING ENGINEERS LOCAL 825 FUNDS SERVICE FACILITIES
NOTICE OF CHANGES IN DEPENDENT STATUS AND/OR
CHANGE OF BENEFICIARY**

65 Springfield Ave, Second Floor, Springfield, NJ 07081 973-671-6800

Complete Sections 1 & 3 if you wish to add (or delete) a dependent. Complete Sections 2 & 3 if you wish to change your beneficiary designation in connection with your Life Insurance Benefit payable under the Welfare Fund. Your Life Insurance Benefit will be paid to your last named beneficiary. For your beneficiary designation to be effective, it must be signed and dated by you, witnessed, and received by the Welfare Fund at the above address.

1. Change in Dependent Status – Copies of a marriage certificate, birth certificate and Social Security card are required to add a spouse and copies of a birth certificate and Social Security card are required to add a child.

FULL NAME (Please indicate spouse, son, daughter)	SOCIAL SECURITY NUMBER (If spouse, indicate date married)	DATE OF BIRTH

2. Change of Life Insurance Benefit Beneficiary Designation

Name of Proposed Beneficiary	Residence of Beneficiary	Relationship	Designated Amount (Indicate %)

If more than one beneficiary is designated, payment will be made in equal amounts to each of the designated beneficiaries as survive you, unless otherwise provided herein. If any one of the designated beneficiaries predeceases you, the life insurance benefit will be divided equally among the remaining beneficiaries. If no designated beneficiary survives you, payment will be made to your estate.

Date _____ Witness Signature _____ Printed Name _____
(Should be witnessed by a person other than beneficiary designated)

3. Name of Participant (print) _____

Social Security Number _____

Participant Address _____

Personal Signature of Participant _____ Date _____