



WASHINGTON TEAMSTERS WELFARE TRUST

HEALTH & WELFARE BENEFICIARY DESIGNATION FORM

PLEASE TYPE OR PRINT

Employee Name: _____ Social Security Number: _____ Male Female

Address: _____

City State Postal Code Telephone Number: _____

Present Employer: _____

Local Union Number: _____

In the space provided below, please indicate the person or persons you wish to designate as beneficiary. You may designate any person or persons, including your estate as beneficiary. **(Please Print all information)**

I request that any Death Benefits be paid in equal shares to the Beneficiaries I have listed below.

I request that any Death Benefits be paid to the first Beneficiary named below who survives me.

Full Name: _____ **Relationship** _____ **Date of Birth** _____

Address _____

Phone Number _____ Social Security Number: _____

Full Name: _____ **Relationship** _____ **Date of Birth** _____

Address _____

Phone Number _____ Social Security Number: _____

Full Name: _____ **Relationship** _____ **Date of Birth** _____

Address _____

Phone Number _____

I understand that this Beneficiary Designation cancels any prior Beneficiary Designation made by me for this death benefit.

Employee's Signature Date Signed

Witnessed By: _____
Witness Signature Date Signed

Please fill out the above information and mail or personally return to:

*Northwest Administrators, Inc.
2323 Eastlake Ave E
Seattle, WA 98102-3305*