EMPLOYEE ENROLLMENT CARD

DESIGNATION OF BENEFICIARY*

FOR THE **WEST VIRGINIA LABORERS' WELFARE AND PENSION TRUST FUNDS AND WEST VIRGINIA LABORERS' PROFIT SHARING PLAN**

ONE UNION SQUARE, SUITE 200, CHARLESTON, WEST VIRGINIA 25302

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Last Name	First Name	Middle Name

Home Address	Home Telephone

Date of Birth	❑ Married ❑ Single ❑ Wid.	Local Union No.	Local Union Entry Date	Social Security No.

DEATH BENEFITS ARE TO BE PAID TO (Example: MARY C. JONES, WIFE):

Name _____ Relationship _____ Social Security # _____

Address _____

*If you are married and have designated someone other than your spouse to receive your death benefits, the Plan can not honor your designation unless both you and your spouse complete additional elections. Please contact the West Virginia Laborers' Pension Trust Fund at (304) 342-5142 for more information. Please note that upon written request you may change your beneficiary at any time.

_____ _____

Date of Signature Employee's Signature in Full

(Over)

YOU MUST SUBMIT MARRIAGE CERTIFICATE AND BIRTH CERTIFICATES FOR YOUR SPOUSE AND ALL CHILDREN UNDER 26 YEARS LISTED BELOW

[redacted]

NAMES	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH

TO BE COMPLETED BY YOUR UNION OFFICE ONLY

Date of Initiation	Date of Withdrawal	Date of Reinstatement (Latest)

If member transferred in from another local union, please complete the following:

- Date Transferred into Union _____ 20____
- From Local Union No. _____ Located in _____
- Remarks _____
- By (Init.) _____