

CEMENT MASONS & PLASTERERS LOCAL 518 HEALTH CARE FUNDP.O. Box 909500, Kansas City, MO 64190-9500
(816) 393-7060 / Toll Free (877) 518-0518

Last Name			First Name in Full			Middle Name in Full		
Home Address				City and State			Zip Code	
Social Security No.			Date Employee Joined Union		Local Union No.		Preferred Telephone No.	
Date of Birth			Marital Status		Sex		Email Address	
Month	Day	Year	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Death Benefits to be Paid to				Relationship		PLEASE PRINT ALL INFORMATION		
Full Name								
SS# of Beneficiary						YOU MAY LIST CONTINGENT BENEFICIARIES ON BACK OF CARD		
Residence of Beneficiary								
Street		City or Town		State				
Date Card is Signed								
_____ 20								
month	day			year		Signature - use full name		

BENEFICIARY CARD

