

INSULATORS LOCAL #84 HEALTH CARE PLAN
33 Fitch Blvd Austintown, OH 44515
Phone: 1-800-435-2388

CHANGE OF ADDRESS /BENEFICIARY ELECTION FORM

Member Name _____

Address _____

City/State/Zip Code _____

Date of Birth _____ **Social Security Number** _____

Name of Local _____

Local Union Number _____

BENEFICIARY INFORMATION

Name of Beneficiary _____

Address of Beneficiary _____

DEPENDENT INFORMATION

Full Given Name of Spouse _____

Spouse SSN _____ **Date of Birth** _____

Date of Marriage _____

Unmarried Children under 19 years (under 23 if fulltime student)

Name _____

Date of Birth _____ **SSN** _____ **FT Student?** _____

Name _____

Date of Birth _____ **SSN** _____ **FT Student?** _____

Name _____

Date of Birth _____ **SSN** _____ **FT Student?** _____

Name _____
Date of Birth _____ **SSN** _____ **FT Student?** _____

List Additional dependents(if needed)