

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

33 Fitch Boulevard • Austintown, Ohio 44515
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ELECTION OF COVERAGE NORMAL RETIREMENT SCHEDULE OF BENEFITS

MEMBER'S NAME _____ LOCAL _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

SPOUSE'S NAME _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

ADDRESS _____

DESIGNATION OF BENEFICIARY

I HEREBY DESIGNATE _____
(BENEFICIARY'S NAME) (RELATIONSHIP)

(BENEFICIARY'S ADDRESS)

AS THE BENEFICIARY FOR THE BENEFITS PROVIDED BY THE OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS HEALTH AND WELFARE FUND.

CHECK ONE:	()	MEMBER ONLY (OVER AGE 65)	\$181.00
	()	MEMBER/SPOUSE (BOTH OVER 65)	\$363.00
	()	MEMBER (OVER 65) / SPOUSE (UNDER 65)	\$615.00

The following **MUST** be completed if not electing coverage for spouse:

() Decline coverage for my spouse by reason of _____

SIGNATURE

DATE

RETIREMENT DATE