

Plumbers & Pipefitters Local Union 396 - Health and Welfare Fund

Office Location
33 Fitch Boulevard
Austintown, Ohio 44515
(330) 270-0453

APPLICATION FOR EARLY RETIREMENT AND/OR PERMANENT DISABILITY

SCHEDULE OF BENEFITS

Member's Name _____ Social Security No. _____

Date of Birth _____ Local Union No. _____
(Month-Day-Year)

Wife's Name _____ Date of Birth _____
(Month-Day-Year)

Wife's Social Security No. _____

Street Address _____

City _____ State _____ Zip Code _____

**** DESIGNATION OF BENEFICIARY ****

I hereby designate _____
(Beneficiary's Name) (Relationship)

(Street Address) (City) (State) (Zip Code)

AS THE BENEFICIARY FOR THE BENEFITS PROVIDED BY THE PLUMBERS & PIPEFITTERS LOCAL #396 WELFARE FUND.

Check One	Disability	Early Retirement
() Member Only (Not on Medicare)	\$	\$
() Member & Wife (Not on Medicare)	\$	\$
() Member & Wife (One Medicare/ One not on Medicare)	\$	\$

Signed: _____

Date _____

_____ Check here if you wish to have your Welfare Premium taken directly from your Pension check.