

**NORTHERN NEVADA LABORERS HEALTH & WELFARE TRUST FUND  
 LABORERS PENSION TRUST FUND FOR NORTHERN NEVADA  
 CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN  
 CEMENT MASONS ANNUITY TRUST FUND FOR NORTHERN NEVADA**

P. O. BOX 11337 - RENO, NEVADA 89510 - (775) 826-7200

**NEW ENROLLMENT**    **ADDRESS CHANGE**    **BENEFICIARY CHANGE**    **DEPENDENT CHANGE**

EMPLOYEE LAST NAME	FIRST NAME	MIDDLE INITIAL	MALE/FEMALE
ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MO/DAY/YR)	MARRIED/SINGLE	TELEPHONE #      LOCAL UNION #
HEALTH & WELFARE/VACATION BENEFITS PAYABLE ON DEATH TO:			RELATIONSHIP
RESIDENCE OF BENEFICIARY: STREET	CITY	STATE	ZIP
ANNUITY/PENSION BENEFITS PAYABLE ON DEATH TO:			RELATIONSHIP
RESIDENCE OF BENEFICIARY: STREET	CITY	STATE	ZIP

I HEREBY DESIGNATE, AS CONTINGENT BENEFICIARIES, MY SURVIVING CHILDREN, SHARE AND SHARE ALIKE, OR IF NONE, THEN MY SURVIVING PARENT(S), OR IF NONE, THEN MY SURVIVING BROTHER(S) AND SISTER(S), SHARE AND SHARE ALIKE. IF THIS DESIGNATION IS NOT DESIRED, CHECK HERE: \_\_\_\_\_

**PRINT NAME OF EACH DEPENDENT BELOW (LEGAL SPOUSE AND ALL UNMARRIED CHILDREN).**

**PROVIDE CERTIFIED COPIES OF *MARRIAGE CERTIFICATE* FOR SPOUSE  
 AND CERTIFIED COPIES OF *BIRTH CERTIFICATE(S)* FOR EACH CHILD.**

\*\*DEPENDENTS ARE NOT ELIGIBLE FOR BENEFITS UNTIL THEIR SOCIAL SECURITY CARD IS PROVIDED.

DEPENDENT'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH MO/DAY/YR	SOCIAL SECURITY # REQUIRED	PLEASE <input checked="" type="checkbox"/> THE RELATIONSHIP:			
			SPOUSE	SON	DTR	STP SON    STP DTR

**DO ANY OF THE ABOVE HAVE OTHER INSURANCE INCLUDING MEDICARE, MEDICAID, COBRA, OR GOVERNMENT INSURANCE? YES ( ) NO ( )**  
**IF SO, PLEASE PROVIDE THE NAME OF THE INSURED, THE CARRIER NAME AND ADDRESS, EFFECTIVE DATE, AND TYPE OF INSURANCE**  
**(MEDICAL, DENTAL, OR VISION):**

MARRIAGE DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

DIVORCE DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

IF DIVORCED, PLEASE PROVIDE A COPY OF YOUR DIVORCE DECREE.

**"I HEREBY CERTIFY THAT THE ABOVE INFORMATION REGARDING MY DEPENDENTS AND MARITAL STATUS IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE."**

SIGNED: X \_\_\_\_\_ DATE \_\_\_\_\_  
 MEMBER'S SIGNATURE IN FULL