

Plumbers & Pipefitters Local #354

c/o FUNDS OFFICE
271 Armbrust Road, P.O. Drawer I
Youngwood, PA 15697

Phone: (724) 925-7238 Fax: (724) 925-6904
Email: LU354benefitsNS@gmail.com

DATE _____

INSURED _____

ID # _____

PLEASE FOLLOW THE INSTRUCTIONS FOLLOWING THE BLOCK(S) THAT HAVE BEEN CHECKED OFF

To add spouse; complete **both sides** of all the enclosed forms and return **with a copy of the marriage certificate.**

To terminate a spouse; complete **both sides** of all the enclosed forms and return **with a copy of the divorce decree.**

To add a dependent; complete **both sides** of all the enclosed forms and return **with a copy of the birth certificate/adoption papers/legal guardianship papers.**

To terminate a dependent; complete **both sides** of all the enclosed forms.

To add/change a beneficiary; complete **both sides** of all the enclosed forms.

To change an address; complete **side one** of the enclosed form.

ALL FORMS MUST BE COMPLETED IN FULL & RETURNED TO THE FUND OFFICE.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE FUND OFFICE.