

**CONNECTICUT LABORERS' FUNDS – CENSUS INFORMATION & DESIGNATION OF BENEFICIARY**

**INSTRUCTIONS**

1. ALL PARTICIPANTS MUST COMPLETE THE SHADED SECTION A.
2. If you are single and wish to designate the same individual as beneficiary for all Funds (Health, Pension and Annuity), please complete **Section B only**. **You should not complete any sections except A and B.**
3. If you are married and wish to designate your spouse as beneficiary for all Funds (Health, Pension and Annuity), please complete **Section B only**. **You should not complete any sections except A and B.**
4. If you are married and wish to name someone other than your spouse as beneficiary for one or more Funds, please complete **only** the beneficiary section for that Fund (**Sections C, D, and E**). **Please note that if you complete Sections D and/or E, your spouse must also sign, and the signatures must be notarized.**
5. If you are single and wish to name a different individual as beneficiary to receive benefits from the Health, Pension and Annuity Funds, please complete **Sections C, D, and E** on the reverse side. Since you are single, these sections do not have to be notarized.

<b>SECTION A</b>					<b>CONNECTICUT LABORERS' FUNDS – CENSUS INFORMATION</b>				
Name:			Soc. Sec. No.:			Date of Birth:			
Street Address:									
City/State:				Zip:			Phone:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			L.U. No.		Init. Date:				
Please list below the names of your spouse and children:									
Name		Social Security No.		Date of Birth		Relationship		If employed, Name & Address of their Employer	

**SECTION B**

**TO DESIGNATE THE SAME BENEFICIARY FOR ALL FUNDS**

I hereby designate as my Beneficiary to receive any benefits, payable at my death from the Connecticut Laborers' Health, Pension and Annuity Funds:

Beneficiary's Name	Social Security Number	Date of Birth	Relationship

Address:

**This Beneficiary Designation revokes all previous designations of beneficiary for the Connecticut Laborers' Health, Pension and Annuity Funds.**

**X** (Member's Signature)

Date

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(Continued on Reverse Side)

**SECTION C****DESIGNATION OF BENEFICIARY – HEALTH FUND ONLY**

I hereby designate as my Beneficiary to receive any benefits payable at my death from the **Connecticut Laborers' Health Fund**.

Beneficiary's Name	Social Security No.	Date of Birth	Relationship

Address: \_\_\_\_\_

**This Beneficiary Designation revokes all previous designations of beneficiary for the Connecticut Laborers' Health Fund.**

**X (Member's Signature)** \_\_\_\_\_ Date \_\_\_\_\_

The pre and post-retirement death benefits payable by the Connecticut Laborers' Pension and Annuity Funds will be paid in the form of a 50% Joint and Survivor Benefit if you are legally married at the time of your death. The Retirement Equity Act of 1984 requires that all married Participants who elect **NOT** to receive their benefits in the form of a Joint and Survivor Benefit must refuse it in writing with their spouse's consent. If you are not married, you may name anyone to receive the death benefits payable by the Connecticut Laborers' Pension and Annuity Funds. If you are legally married, your spouse shall be your beneficiary unless you change it in **SECTIONS D and/or E**.

**SECTION D****DESIGNATION OF BENEFICIARY – PENSION FUND ONLY**

**IF YOU ARE MARRIED AND WANT YOUR SPOUSE TO RECEIVE ANY JOINT AND SURVIVOR BENEFITS FROM THIS FUND, DO NOT COMPLETE THIS SECTION.**

I hereby designate as my Beneficiary to receive any benefits payable at my death from the **Connecticut Laborers' Pension Fund**.

Beneficiary's Name	Social Security No.	Date of Birth	Relationship

Address: \_\_\_\_\_

**This Beneficiary Designation revokes all previous designations of beneficiary for the Connecticut Laborers' Pension Fund.**

I acknowledge that neither I nor my spouse will be entitled to receive any Joint and Survivor Benefits from the Connecticut Laborers' Pension Fund.

**X (Member's Signature)** \_\_\_\_\_ Date \_\_\_\_\_ Notary \_\_\_\_\_

I hereby consent to my spouse's request to waive the benefits I may become entitled to under the Joint and Survivor Death Benefits of the Plan and that another beneficiary may be named to receive the death benefits which may become payable.

**X (Spouse's Signature)** \_\_\_\_\_ Date \_\_\_\_\_ Notary \_\_\_\_\_

**SECTION E****DESIGNATION OF BENEFICIARY – ANNUITY FUND ONLY**

**IF YOU ARE MARRIED AND WANT YOUR SPOUSE TO RECEIVE ANY JOINT AND SURVIVOR BENEFITS FROM THIS FUND, DO NOT COMPLETE THIS SECTION.**

I hereby designate as my Beneficiary to receive any benefits payable at my death from the **Connecticut Laborers' Annuity Fund**.

Beneficiary's Name	Social Security No.	Date of Birth	Relationship

Address: \_\_\_\_\_

**This Beneficiary Designation revokes all previous designations of beneficiary for the Connecticut Laborers' Annuity Fund.**

I acknowledge that neither I nor my spouse will be entitled to receive any Joint and Survivor Benefits from the Connecticut Laborers' Annuity Fund.

**X (Member's Signature)** \_\_\_\_\_ Date \_\_\_\_\_ Notary \_\_\_\_\_

I hereby consent to my spouse's request to waive the benefits I may become entitled to under the Joint and Survivor Death Benefits of the Plan and that another beneficiary may be named to receive the death benefits which may become payable.

**X (Spouse's Signature)** \_\_\_\_\_ Date \_\_\_\_\_ Notary \_\_\_\_\_