



LOCAL 211 INTERNATIONAL UNION OF OPERATING ENGINEERS
ALLIED BUILDING INSPECTORS
225 BROADWAY, 43RD FLOOR, NEW YORK, NY 10007



Phone: (212) 233-2690
Fax: (212) 962-2523
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**WELFARE FUND
RETIREE FORM**

Last Name _____ First Name _____ M.I. _____

Address _____
Street Address Apt. No. City State Zip Code

Cell Phone _____ Social Security No. _____

Email Address _____

Date of Birth _____ Sex _____

Department / Agency _____ Job Title _____

Last Day of Work _____ Effective Date of Retirement _____

Total Year of Service _____ Health Insurance Carrier _____

Welfare Fund Death Benefit Beneficiary _____

Relationship of Death Benefit Beneficiary _____

Social Security Number of Beneficiary _____

Address of Death Benefit Beneficiary _____

City State Zip Code

NAMES OF ELIGIBLE DEPENDENTS (Include Spouse)

DATE OF BIRTH

RELATIONSHIP

Signature _____ Date _____