



LOCAL 211 INTERNATIONAL UNION OF OPERATING ENGINEERS

## ALLIED BUILDING INSPECTORS

225 BROADWAY, 43RD FLOOR, NEW YORK, NY 10007



Phone: (212) 233-2690

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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 \_\_\_\_\_