

ATTENTION:

DEATH BENEFICIARY CARD
LINE CONSTRUCTION BENEFIT FUND

This card must be on file with the Fund Office to guarantee payment of your benefits.

COMPLETE AND SUBMIT THIS CARD:

- If you want to name a different beneficiary.
- Even if you previously submitted a card, you can be sure your beneficiary with the Fund is correct by making out a new one.

Put a postage stamp in the indicated place and mail the card to LINECO.

Name of Employee (Last) (First) (Middle Initial) SOCIAL SECURITY NUMBER

Home Address (Street) (City) (State) (Zip)

Your Date of Birth Your Telephone Number with Area Code Local Union No.

FULL NAME OF BENEFICIARY (Last) (First) (Middle Initial) DATE OF BIRTH RELATIONSHIP TO YOU

Beneficiary's Home Address (Street) (City) (State) (Zip)

Beneficiary's Social Security Number

The above-named beneficiary supersedes any and all beneficiaries previously designated. Designation of a beneficiary on this card will be valid only if the Fund Office receives this card while you (the employee) are still living.

Date Signed Employee Signature

The Fund Office should always have a current mailing address FOR YOU AND YOUR COVERED DEPENDENTS so that you can be sent important information about your Plan as well as information about COBRA self-payments when you or a dependent's coverage is going to terminate.

CHANGE OF ADDRESS CARD
LINE CONSTRUCTION BENEFIT FUND

This change is for: (circle one) Employee & Dependents Dependent ONLY Other (explain)_____

If change is for a DEPENDENT ONLY, give full name of the dependent_____

Name of Employee (Last) (First) (Middle Initial) SOCIAL SECURITY NUMBER

Date Address Change is Effective

Previous Address (Street) (City) (State) (Zip) (Telephone with Area Code)

New Address (Street) (City) (State) (Zip) (Telephone with Area Code)

Employee Signature Date Signed

If you are going to be changing your address, or if your address has already changed, fill out this card completely and sign it.

Put a postage stamp in the indicated place and mail the card to LINECO.

PLACE
STAMP
HERE

**LINE CONSTRUCTION BENEFIT FUND
2000 SPRINGER DRIVE
LOMBARD, IL 60148-7019**

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