

## INFORMATION FOR GROUP BENEFITS

Last Name	Middle Initial	First Name	
MEMBER'S NAME (Print)			Effective Date:
Street		City	Zip
			Mobile Phone Number

DATE OF BIRTH	Month	Day	Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-Binary <input type="checkbox"/>	DATE OF EMPLOYMENT	Month	Day	Year
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BENEFICIARY'S NAME with right to change as stated in the booklet (Beneficiary should be written "Helen Jones," not "Mrs. Henry A. Jones" nor "Mrs. H. A. Jones")

PRINT NAME OF BENEFICIARY	Last Name	Middle Initial	First Name	<input type="checkbox"/> WIFE/ <input type="checkbox"/> HUSBAND/ <input type="checkbox"/> CHILD <input type="checkbox"/> MOTHER/ <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Explain)
DATE OF MARRIAGE	Month	Day	Year	

STREET ADDRESS OF BENEFICIARY	CITY
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NAME OF COMPANY YOU WORK FOR	
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Date Form is Signed

Your Soc. Sec. No.

Signature of Member

**MUST COMPLETE ALL INFORMATION**

Attach copy of Birth Certificate and Social Security Card for each child, and a copy of Marriage Certificate and Social Security Card for spouse

**LIST NAME OF SPOUSE AND ALL CHILDREN UNDER AGE 26**

Name	Relationship	Soc. Sec. #	Sex	Date of Birth		
				Mo.	Day	Yr.

For more information, and to sign up to our member portal, please visit : <https://ufcw880funds.com> or scan the QR code above with your smartphone.