PARTICIPANT APPLICATION AND BENEFICIARY FORM

PLEASE RETURN FORM TO:
CENTRAL PA TEAMSTERS HEALTH & WELFARE FUND
PO BOX 15224, READING, PA 19612-5224
EMAIL : cashreceipts@CentralPATeamsters.com

*****IMPORTANT - ENTIRE FORM MUST BE COMPLETED*****

THIS FORM WILL REPLACE ALL PRIOR HEALTH & WELFARE APPLICATION AND BENEFICIARY FORMS.

Print Name Below: Last	First	Middle	Social Security No. Alternate ID No. (if known)
Address: Street or PO Box			Date of Birth
City	State	Zip Code	Sex **M** _______ **F** _______

DEPENDENT INFORMATION * Subject to Fund Validation*

LIST ALL ELIGIBLE DEPENDENTS FOR BENEFIT COVERAGE PURPOSES (SPOUSE & CHILDREN)

SOCIAL SECURITY NUMBER IS REQUIRED FOR ALL DEPENDENTS LISTED

First Middle Last	RELATIONSHIP	SOCIAL SECURITY NO.	BIRTH DATE
			___ ___ ___
			___ ___ ___
			___ ___ ___
			___ ___ ___
			___ ___ ___

BENEFICIARY INFORMATION

A designated beneficiary must be named below, and participant must sign where indicated.
Complete address information is required for each individual listed.

BENEFICIARY: ____________________ Relationship: ____________________
Soc.Sec.No.: ____________________ Birthdate: ____________ Primary: ________ Alternate: ________
Beneficiary Address: ____

BENEFICIARY: ____________________ Relationship: ____________________
Soc.Sec.No.: ____________________ Birthdate: ____________ Primary: ________ Alternate: ________
Beneficiary Address: ____

BENEFICIARY: ____________________ Relationship: ____________________
Soc.Sec.No.: ____________________ Birthdate: ____________ Primary: ________ Alternate: ________
Beneficiary Address: ____

BENEFICIARY: ____________________ Relationship: ____________________
Soc.Sec.No.: ____________________ Birthdate: ____________ Primary: ________ Alternate: ________
Beneficiary Address: ____

BENEFICIARY: ____________________ Relationship: ____________________
Soc.Sec.No.: ____________________ Birthdate: ____________ Primary: ________ Alternate: ________

Participant Signature: ______________________________ Date Signed: ______________
Phone Number: ______________________ Email: ______________________________

THIS FORM IS NOT VALID WITHOUT PARTICIPANT'S SIGNATURE