

CANTON ELECTRICAL WELFARE FUND

Office Location:
3660 Stutz Drive
Suite LL 101
Canfield, OH 44406

Phone: (330) 779-8854
Extension 2784

APPLICATION FOR RETIREMENT BENEFITS **ELECTION OF COVERAGE FORM**

Member's Name _____

Social Security No. _____ Birthdate _____

Street Address _____

City _____ State _____ Zip Code _____

Spouse's Name _____

Social Security No. _____ Birthdate _____

DESIGNATION OF BENEFICIARY

I hereby designate _____
(Beneficiary's Name) (Relationship)

(Beneficiary's Social Security Number)

(Beneficiary's Address)

as the beneficiary for the benefits provided by the CANTON ELECTRICAL HEALTH & WELFARE FUND.

Please check **one** of the following:

	Basic Benefits	Basic Benefits with Vision and Dental
One person over 65	() \$274.00	() \$316.00
Two people over 65	() \$549.00	() \$632.00
One over 65/one under 65	() \$749.00	() \$845.00
One person under 65	() \$834.00	() \$928.00
Two people under 65	() \$834.00	() \$928.00

If you do not want to continue your coverage in the Plan, please indicate by checking here: _____
Once coverage is terminate, you cannot be reinstated for any reason.

____ Check here if you wish to have your Welfare Premium taken directly from your pension check.

Member's Signature _____ Date _____

Retirement Date _____



Symetra Life Insurance Company

777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135
Mailing Address: Benefits Division | PO Box 34690 | Seattle, WA 98124-1690
Phone 1-800-426-7784 | TTY/TDD 1-800-833-6388

Canton Electrical Welfare Fund
3660 Stutz Drive, Suite 101
Canfield, Ohio 44406

CHANGE OF BENEFICIARY DESIGNATION

Please attach to original enrollment form

POLICY # 01-020451-

EMPLOYER/POLICYHOLDER NAME The Trustees of Canton Electrical Welfare Fund

EMPLOYEE INFORMATION

NAME _____ **PHONE NUMBER** _____

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

PRIMARY BENEFICIARY(IES):	
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT
CONTINGENT BENEFICIARY(IES):	
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT

DEFINITIONS

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

EMPLOYEE SIGNATURE _____ **DATE SIGNED** _____