



Plumbers & Pipefitters Trust Funds
3660 Stutz Drive, Ste 101
Canfield, OH 44406
(330) 779-8859
www.plumbers219benefits.org

ELECTION OF COVERAGE

RETIREMENT SCHEDULE OF BENEFITS

MEMBER'S NAME _____ LOCAL _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

SPOUSE'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DESIGNATION OF BENEFICIARY

I HEREBY DESIGNATE _____
(Beneficiary's Name) (Relationship)

(BENEFICIARY'S ADDRESS)

AS THE BENEFICIARY FOR THE BENEFITS PROVIDED BY PLUMBERS & PIPEFITTERS
LOCAL 219 HEALTH AND WELFARE FUND.

Check One: ☐ Member Only (Under Age 65) \$440.00
 ☐ Member Only (Over Age 65) \$165.00
 ☐ Member/Spouse (Both Under 65) \$655.00
 ☐ Member/Spouse (One under 65, One 65+) \$490.00
 ☐ Member/Spouse (Both Over 65) \$315.00

Signature

Date

Retirement Date