



SAGINAW PLUMBERS & PIPEFITTERS U.A. LOCAL NO. 85 FRINGE BENEFIT FUNDS

P.O. Box 1350 • Troy, MI 48099-1350

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October 2022

TO: ALL PARTICIPANTS IN THE PLUMBERS AND PIPEFITTERS LOCAL 85 HEALTH & WELFARE FUND (THE "FUND")

RE: BENEFICIARY DESIGNATIONS

DATE: OCTOBER 2022

We know how important it is to you to care for your loved ones. For that reason, it is vitally important that you take the time to read this notice.

Upon your death, your death benefits through the Fund will be paid to your designated beneficiary. Too often, participants fail to update beneficiary designations after major life events such as marriage, birth of a child, death of a spouse, divorce, etc. Therefore, we are reaching out to you to review and make sure your beneficiary designations are up-to-date.

Please complete, sign and return the enclosed vital information form, which includes a beneficiary designation section. The original, signed form must be mailed back to the Fund office, as no photocopies will be accepted. However, you should keep a copy of the form for your records. A breakdown of each section in the form and what is required is as follows:

1. Participant Information

- a. Please fill out your information in this section.

2. Medicare Claim Number

- a. This section only applies to participants or spouses who are on Medicare, including Medicare disability. Your Medicare claim number can be found on your Medicare card. Please give the full number, including the letters that follow.

3. Spouse and Dependent(s) Information

- a. Please fill out all information regarding your spouse and dependent children in this section.

4. Beneficiary Information

- a. Primary Beneficiary Designation – Please list information regarding the primary beneficiary that you wish to receive your death benefits. This may be one or more individuals. If you have more than one, you must designate what percentage each beneficiary is to receive, and the total must equal 100%.
- b. Secondary Beneficiary Designation – Please list information regarding your contingent beneficiary for your death benefits. A contingent beneficiary will receive your death benefits if the primary beneficiary is unable to receive the benefit (i.e., primary beneficiary passes away prior to your death). This may be one or more individuals. If you have more than one, you must designate what percentage each beneficiary is to receive, and the total must equal 100%.

Please note, this beneficiary designation form is **ONLY** for the Health & Welfare Fund. This form **WILL NOT** change your listed beneficiaries for any other fringe benefit funds. Be on the look-out for other mailings as they relate to more fringe benefit funds applicable to you.

If you have any questions, please contact the Fund Office at 248-641-4985 or 800-582-6181, and ask to be routed to the Eligibility Department for help.

Sincerely,

Board of Trustees

Saginaw Plumbers & Pipefitters Local 85 Health & Welfare Fund