

# Beneficiary Designation

St. Louis-Kansas City Carpenters Regional Health & Vacation Plans  
 1419 Hampton Avenue, Suite 100, St. Louis, MO 63139  
 Phone: (314) 644-4802 | Toll-free: (877) 232-3863 | Fax: (314) 678-1110  
 Email: [benefits@laborfunds.org](mailto:benefits@laborfunds.org) | Website: [laborfunds.org](http://laborfunds.org)



Participant Name (Last, First, Middle Initial)	Participant Social Security Number
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**Important Beneficiary Information:**

1. Your beneficiary is the natural person or persons you, as a covered participant, select to receive benefits payable to your “designated beneficiary” upon your death. The beneficiary(ies) named on this form will receive any life insurance benefits due from the Health and Welfare Fund and any monies payable from the Vacation Fund. In addition, the beneficiary(ies) named on this form will be your “designated beneficiary” for purposes of the Pension Fund unless you have separately designated a different beneficiary for that Fund.
2. The primary beneficiary is the person first in line to receive benefits, provided that person is living at the time of your death. If more than one primary beneficiary is designated, benefits will be paid in equal shares to all primary beneficiaries who survive you, unless you designate otherwise. **Please note that if you do not designate a beneficiary as either primary or secondary, that beneficiary will be deemed to be primary.**
3. The secondary beneficiary is the person you wish to receive any benefits should all the primary beneficiaries be deceased.
4. If you fail to designate any beneficiary, or if no beneficiary you have designated survives you, benefits will be paid to the person(s) specified in the applicable Plan Document.
5. Any amount payable to the beneficiary, who is a minor or is otherwise incapable of giving a valid release, may be paid to a competent adult for the benefit of the beneficiary, as provided in the applicable Plan Document.
6. If a trust is designated as your beneficiary, our offices will require a copy of the trust document.
7. Please check your beneficiary designation periodically and update your file to reflect your current status. The most recent beneficiary designation on file at the time of your death will control.
8. **Designation by participant's representative:** If this form is being signed on your behalf by your legal representative, the designation will be effective only if a Durable Power of Attorney or other documentation of the representative’s authority has been received and approved by the Fund.

Beneficiary Name (Last, First, MI)	SSN	Date of Birth	Beneficiary Type (select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Full Address		Phone Number	Relationship to Participant

Beneficiary Name (Last, First, MI)	SSN	Date of Birth	Beneficiary Type (select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Full Address		Phone Number	Relationship to Participant

Beneficiary Name (Last, First, MI)	SSN	Date of Birth	Beneficiary Type (select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Full Address		Phone Number	Relationship to Participant

Beneficiary Name (Last, First, MI)	SSN	Date of Birth	Beneficiary Type (select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Full Address		Phone Number	Relationship to Participant

## Signature Required

I designate the above-named beneficiary(ies) to receive any benefits which may be payable upon my death from the **St. Louis-Kansas City Carpenters Regional Health Plan (excludes COBRA Participants)**, the **St. Louis-Kansas City Carpenters Regional Vacation Plan** as well as from the **Carpenters’ Pension Trust Fund of St. Louis** in the absence of a different beneficiary designation for the Pension Fund.



**Participant Signature (REQUIRED)**

**Date**