UIW Benefits Plans
ENROLLMENT—BENEFICIARY CARD

SSN or Unique Identifier ___-___-____ DOB ___/___/___ 1st Year Employment ___/___/___

Name _____
Print Last First Middle

Address _____
Print Number and Street City State Zip Code

I revoke all previous beneficiary designations and make the following designation with respect to all benefits provided now or at any time in the future under the UIW Benefits Plan, still reserving the privilege of making further changes.

Beneficiary _____
Last First Middle

Relationship _____ SSN ___-___-____

Address of Beneficiary _____
Print Number and Street City State Zip Code

Member's Signature _____ Date Signed ___/___/___

Witness Name _____
Print
Witness Signature _____

Witness Address _____
Print Number and Street City State Zip Code

Spouse's Name _____
Print Last First Middle

Social Security Number ___-___-____ Date of Birth ___/___/___

Address _____
Print Number and Street City State Zip Code

List Below Names Of Your Unmarried Children Under 19 Years Of Age

Last	First	M I	SSN	Relationship	Date of Birth
			- -		/ /
Last	First	M I	SSN	Relationship	Date of Birth
			- -		/ /
Last	First	M I	SSN	Relationship	Date of Birth
			- -		/ /
Last	First	M I	SSN	Relationship	Date of Birth
			- -		/ /
Last	First	M I	SSN	Relationship	Date of Birth

In order to process benefits in a timely manner the Plans Office must have accurate and current information on file for all members as well as their spouses, dependent children and beneficiaries. To insure that all the information on file is correct please complete this Beneficiary Card in its entirety, attach copies of all supporting documentation to include your Birth Certificate or Drivers License as well as Marriage Certificate, Birth Certificates and Social Security Cards. Attach all supporting documents, fold in half, tape or staple closed and drop in mailbox. UIW Benefits Plan will pay postage.

REMINDER: A NEW BENEFICIARY CARD MUST BE FILED WITH THE PLANS OFFICE WHENEVER THERE IS A CHANGE IN MAILING ADDRESS, MARITAL STATUS, NUMBER OF DEPENDENTS OR CHANGE IN BENEFICIARY.

This card is available on all UIW Shops and Offices. It can be mailed without postage from anywhere in the United States to the Plan Office.