ENROLLMENT/BENEFICIARY CARD

Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund
Laborers' District Council and Contractors' Pension Fund of Ohio

*(Please complete appropriate sections in ink. **See reverse side for additional instructions**.)*

MEMBER INFORMATION *(Required)*

Name:_____ Social Security #:_____

Address:_____ Date of Birth:_____

City/State/Zip:_____ Local Union #:_____

Sex: ☐ M ☐ F Initiation Date:_____ Home Phone #:_____

Email Address:_____ Cell Phone #:_____

Marital Status *(please check one)*: ☐ Married ☐ Never Married ☐ Divorced ☐ Legally Separated ☐ Widowed

PURPOSE

(Please check the appropriate item(s) below depending on your reason for completing this card.)

☐ Initial Enrollment – *(Please complete the card in its entirety.)*

☐ Enrolling Spouse or updating spousal information – *(Please complete the Spouse Information and Signature sections.)*

☐ Enrolling new Dependent – *(Please complete the Dependent(s) Information and Signature sections.)*

☐ Changing Insurance Beneficiary – *(Please complete the Insurance Fund – Beneficiary Designation for Death Benefits and Signature sections.)*

☐ Changing Pension Beneficiary – *(Please complete the Pension Fund – Beneficiary Designation for Death Benefits and Signature sections.)*

SPOUSE INFORMATION

(You must submit a copy of your Marriage Certificate to enroll your spouse.)

Name:_____ Date of Marriage:_____

Social Security #:_____ Sex: ☐ M ☐ F Date of Birth:_____

Email Address:_____ Cell Phone #:_____

Does your spouse have other medical insurance? *(please check one)*: ☐ No ☐ Yes (family) ☐ Yes (individual)

DEPENDENT(S) INFORMATION

(Please list only the dependent(s) you are newly enrolling and submit a copy of the state issued Birth Certificate for each.)

	Full Name (First and Last)	Date of Birth	Male/Female	Relationship	Social Security #
1.					
2.					
3.					
4.					
5.					

INSURANCE FUND – BENEFICIARY DESIGNATION FOR DEATH BENEFITS

(See reverse side for additional information regarding the designation of beneficiaries.)

Primary Beneficiary *(You may list one or multiple Primary Beneficiaries in the space below.)*

Full Name*(s)*:_____

Full Address*(es)*:_____

_____

Relationship*(s)*:_____

Secondary Beneficiary *(You may list one or multiple Secondary Beneficiaries in the space below. Your Secondary Beneficiary will only receive benefits if your Primary Beneficiary is deceased at the time of your death.)*

Full Name*(s)*:_____

Full Address*(es)*:_____

_____

Relationship*(s)*:_____

PENSION FUND – BENEFICIARY DESIGNATION FOR DEATH BENEFITS

(See reverse side for additional information regarding the designation of beneficiaries.)

Primary Beneficiary *(You may list one or multiple Primary Beneficiaries in the space below.)*

Full Name*(s)*:_____

Full Address*(es)*:_____

_____

Relationship*(s)*:_____

Secondary Beneficiary *(You may list one or multiple Secondary Beneficiaries in the space below. Your Secondary Beneficiary will only receive benefits if your Primary Beneficiary is deceased at the time of your death.)*

Full Name*(s)*:_____

Full Address*(es)*:_____

_____

Relationship*(s)*:_____

SIGNATURE

(This card must be signed and dated by the member to be valid.)

Member Signature:_____ Date:_____

INSTRUCTIONS

- Please read the information on this card carefully, complete the appropriate sections of the card, and submit any requested documentation.
- If you complete a section(s) of this card, but do not check the respective item in the "Purpose" section, this card will still be used and will take the place of any previously submitted card(s) for the section(s) in question.
- Please print requested information clearly.
- This card must be completed and filed with the Ohio Laborers Benefits office to be eligible for benefits.
- You must submit a copy of your Marriage Certificate to enroll your spouse.
- If you are removing a spouse due to divorce or separation, you must submit a copy of the Divorce Decree, Separation Agreement, and/or Legal Separation Papers.
- You must submit a copy of the state issued Birth Certificate for each dependent you are enrolling. Hospital Certificates are acceptable for adding newborns for up to age one only, until the Social Security Number and state issued Birth Certificate can be obtained and submitted to the Ohio Laborers Benefits office. Additional documentation is required if enrolling a stepchild, an adopted child, a child through legal custody (including guardianship and foster care), a child named recipient under a QMCSO or NMSN, or a disabled child age 26 or older. Please review the Eligibility section of the OLDC-OCA Insurance Fund Summary Plan Description for additional details.
- If you are enrolling more than five dependents, please attach an additional sheet with the dependents' information.
- Social Security Numbers are required to add a spouse and/or other dependents to the Plan.
- This card must be signed and dated by the member to be valid.
- By signing this card, you are certifying that the information contained is true to the best of your knowledge.

ADDITIONAL INSTRUCTIONS FOR BENEFICIARY DESIGNATION

You should select at least one Primary Beneficiary for both the Insurance and Pension Funds. The Primary Beneficiary will receive any benefits payable upon your death. Regardless of your designation, if married, pension death benefits will automatically be paid to your legal spouse, unless waived by your spouse. You may select more than one Primary Beneficiary. If you do, any benefits payable will be split evenly between all Primary Beneficiaries. Secondary Beneficiaries will only receive benefits if all the Primary Beneficiaries for the respective Fund are deceased at the time of your death. You may select more than one Secondary Beneficiary. If you do, any benefits payable will be split evenly between all Secondary Beneficiaries. If you do not select a beneficiary, any benefits payable will be paid in the manner set forth by each Fund's Summary Plan Description. Any benefits due to a beneficiary under the age of 18 years will be paid *"in care of"* the beneficiary's legal guardian. If you need additional space to list all your beneficiaries, please attach an additional sheet with the designation.

PLEASE RE-FOLD, TAPE OR STAPLE CLOSED, AND MAIL; OR SIMPLY MAIL IN ENVELOPE. FAX: 614-898-9176