

Southern California Pipe Trades Trust Funds
 501 Shatto Place, 5th Floor
 Los Angeles, CA 90020
 (800) 595-7473 or (213) 385-6161

Enrollment & Beneficiary Form

NOTE: BE SURE TO COMPLETE ALL APPLICABLE SECTIONS

Section A. Member's Information

Name	S.S.#	Local Union #
Address	Phone #	Date of Birth

Section B. SCPT Health & Welfare Fund – List all dependents eligible for the health plan*

Dependent	Name	Date of Birth	S.S.#
Spouse			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			
Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

*Lawful Spouse and Eligible Children. Each box must be completed in full. Official Marriage Certificates & Birth Certificates (with original seal or stamp) required to enroll dependent. "Souvenir" certificates are NOT acceptable.

Section C. Beneficiary Section – Each Fund requires that you list beneficiary information.

Please list at least one Primary Beneficiary for each of the five funds. **If you want the same beneficiary(ies) for all of the funds, complete the Health & Welfare Fund section in full and then initial where indicated for each of the other funds.** If you initial any section, then any conflicting designation that you write in that section will be disregarded.

1. SCPT Health & Welfare Fund

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

Name	Relationship	S.S. #	Date of Birth	Address	%

2. SCPT Vacation & Holiday Fund *Initial here if same beneficiaries as Health & Welfare Fund* _____

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

Name	Relationship	S.S. #	Date of Birth	Address	%

3. SCPT Christmas Bonus Fund *Initial here if same beneficiaries as Health & Welfare Fund* _____

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

Name	Relationship	S.S. #	Date of Birth	Address	%

