

**SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' ANNUITY FUND
BENEFICIARY FORM**

5100 Ed Smith Way, Suite A
Marion, IL 62959
618-998-1300 fax # 618-997-9063
www.silehw.org

MEMBER INFORMATION

PLEASE PRINT

Last Name		First	Middle Initial
Mailing Address		City	State Zip
Soc Sec #	Contact Phone #	Email	
<input type="checkbox"/> Single	Birthdate	Local Union #	
<input type="checkbox"/> Married			

PRIMARY BENEFICIARY (Individual to receive benefit in the event of your death; cannot be member)

Last Name		First	Middle Initial
Mailing Address		City	State Zip
Soc Sec #	Birthdate	Relationship	Contact Phone #

SECONDARY BENEFICIARY (Individual to receive benefit in the event of your death; cannot be member)

Last Name		First	Middle Initial
Mailing Address		City	State Zip
Soc Sec #	Birthdate	Relationship	Contact Phone #

Signature _____ Date _____

Please contact the Annuity Fund Office in writing if there is any change in address, marital status & or beneficiary

RETURN INFORMATION OPTIONS

MAILING ADDRESS
SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' HEALTH & WELFARE FUND
5100 ED SMITH WAY, SUITE A
MARION, IL 62959
FAX: 618-997-9063
EMAIL INFORMATION TO: enrollment@silehw.org
OFFICE # 618-998-1300