

SOUTHERN & CENTRAL ILLINOIS LABORERS' VACATION 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 <input type="checkbox"/> Married	Birthdate	Local Union #

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 Vacation 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

ADDITIONAL FORMS & INFORMATION CAN BE FOUND ON OUR WEBSITE: www.silehw.org