



# ENROLLMENT AND BENEFICIARY FORM

PLEASE PRINT

**INSTRUCTIONS:** This form is to be utilized for enrollment and beneficiary purposes only. All correspondence and questions should be addressed to the Fund/Employer maintaining your eligibility information.

- For all new additions and reinstatements, complete the entire form, and sign at the bottom.
- For all other needs, complete the appropriate section, and sign at the bottom.

Please check:  New enrollment  Reinstatement  Address Change  Beneficiary Change

## SECTION A – Policyholder Information

Name of group policyholder: Twin Cities Musicians Union, Local 30-73 Policy number: G3131

Effective date: October 2005 Local/Bill ID: N/A

## SECTION B – Insurance Amount

Life amount: \$ \$1,000 AD&D amount: \$ N/A AH amount: \$ N/A LTD amount: \$ N/A

Billing classes: N/A N/A N/A

Duplicate certificate request

## SECTION C – Insured Information

- Male  Female  
 Active  Retiree

Name of insured: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Weekly earnings: \_\_\_\_\_ Date started working: \_\_\_\_\_

## SECTION D – Beneficiary

**NOTE: If the beneficiary is being changed, the new beneficiary will replace all prior designations and will be effective as of the date this form is signed.**

Beneficiary name	Relationship to Insured	Date of birth	% of share	SSN:
Primary:			%	
1.			%	
2.			%	
Contingent:			%	
1.			%	
2.			%	

INSURED SIGNATURE (Required): X \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS SIGNATURE (Required for new adds, reinstatements or beneficiary change): X \_\_\_\_\_ Date: \_\_\_\_\_