

IBEW Local Union No. 22/NECA
Health & Welfare Trust Fund
Electrical Industry Center, 8960 "L" Street, Suite 101, Omaha, NE 68127-1414

ENROLLMENT AND DESIGNATED BENEFICIARY CARD
Please Print – Must Be Signed

_____/_____/_____/_____/_____
Name Street Address City State Zip

_____/_____
Date of Birth Social Security Number Married Single
Divorced Widowed

If married please indicate date of marriage: _____

Primary Beneficiary _____
Name Complete Address Relationship

Secondary Beneficiary _____
Name Complete Address Relationship

_____/_____/_____
Signature of Participant Date Signed Signature of Spouse