

# IRON WORKERS LOCAL 580 INSURANCE FUND

## Appointment of Personal Representative

I, \_\_\_\_\_ (Name of Participant or Beneficiary)

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

Phone Number: \_\_\_\_\_

Participant Identification Number and/or Social Security Number: \_\_\_\_\_

Hereby designate: \_\_\_\_\_ (Name of Personal Representative),

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

Phone Number: \_\_\_\_\_

Relationship to Participant or Beneficiary: \_\_\_\_\_ to act on my behalf or

on behalf of: \_\_\_\_\_ (Name of Dependent).

### PLEASE CHOOSE OPTION 1 or 2

1.  I want my Personal Representative to have all the HIPAA Privacy rights I have.

I authorize my Personal Representative to act for me or my dependent, if named above, in receiving any information that is (or would be) provided to me as a participant/beneficiary of the Plan, including but not limited to any information that relates to my claim for coverage or benefits under the Plan and any individual rights that I have regarding my protected health information under HIPAA.

2.  My Personal Representative may only receive or have access to information regarding my eligibility for benefits and claims. If additional functions apply, explain here:

\_\_\_\_\_

I authorize my Personal Representative to act for me and for my covered spouse and dependents (if named above) in receiving only the protected health information listed above.

I understand that this designation is subject to approval by the Plan. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Plan Office.

I certify that I have reviewed the Plan's Policy for Recognition of Personal Representative.

\_\_\_\_\_  
Participant or Beneficiary's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Representative's Signature

\_\_\_\_\_  
Date

# FUND OFFICE OF LOCAL 580 ARCHITECTURAL & ORNAMENTAL IRON WORKERS

Administrative Office of:

LOCAL 580 VACATION FUND

LOCAL 580 INSURANCE FUND

LOCAL 580 PENSION FUND

LOCAL 580 ANNUITY FUND

LOCAL 580 EDUCATIONAL FUND

LOCAL 580 PENSIONERS' SUPPLEMENTAL FUND

Second Floor • 501 WEST 42nd STREET • NEW YORK, NY 10036 • (212) 695-5206  
FAX (212) 947-5719

## INSTRUCTIONS

### ANNUITY FUND DESIGNATION OF BENEFICIARY FORM:

You **MUST** designate **100%** of your Annuity Account to a Primary Beneficiary or Beneficiaries.

**BY LAW, A SPOUSE IS ENTITLED TO 50% OF YOUR ACCOUNT.**

**PLEASE NOTE:** You may choose as many beneficiaries as you wish; However, you **MUST** declare the % to be issued to each person.

If the full 100 percent of your Annuity Fund account is not designated, by you, on this form, the outstanding undesignated percentage will be defaulted to your estate.

### INSURANCE FUND DESIGNATION OF BENEFICIARY

If a married woman is to be designated as Beneficiary, her full name should be given.

Acceptable form for the designation of Beneficiary:

Name: Mary Smith - NOT Mrs. Fred Smith                      Relationship: Wife

Important: The participant must have his signature NOTARIZED.

## CERTIFICATES REQUIRED

**ALL DOCUMENTS (BIRTH AND MARRIAGE CERTIFICATES)  
MUST BE SUBMITTED IN ENGLISH**

**MARRIED** - Marriage Certificate and Birth Certificates of the participant and his wife.

**SINGLE** - Birth Certificate of the participant.

**MARRIED WITH CHILDREN** - Marriage Certificate of the participant and his wife; and Birth Certificates for the participant, his wife and his children.

**SINGLE WITH CHILDREN** - Birth Certificates of the participant and his children.

**DEPENDENTS WILL NOT BE ENROLLED UNLESS THE ENCLOSED FORMS ARE COMPLETE WITH NOTARIZED SIGNATURES AND PROPER CERTIFICATES.**

Effective 1996:            Health Insurance Portability & Accountability Act (a.k.a. HIPAA)

This **PERSONAL REPRESENTATIVE FORM** addresses the privacy portion of HIPAA (effective 4/14/2003). If you would like to name a person to be able to obtain protected health insurance information on you, this form needs to be completed and returned to the Fund Office.

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## ANNUITY FUND

### **DESIGNATION OF BENEFICIARY OR CHANGE OF BENEFICIARY**

Name of Employee: \_\_\_\_\_ SS#: \_\_\_\_\_

I hereby revoke my previous designation of Beneficiary, if any, and I hereby designate the following named beneficiary to receive the Annuity benefits payable at my death, if any, under the provisions of the Local 580 Annuity Fund. By law, a spouse is entitled to **50%** of your account. If he/she is not listed to at least **50%**, he/she must sign the **WAIVER** below.

#### **PRIMARY BENEFICIARY**

Name of Beneficiary for: 50% 100% \_\_\_\_\_ Relationship: \_\_\_\_\_  
(circle one)

Address of Beneficiary: \_\_\_\_\_

Beneficiary Soc.Sec.No.: \_\_\_\_\_ Beneficiary D/O/B: \_\_\_\_\_

Beneficiary telephone No.: \_\_\_\_\_

Name of Beneficiary for 50%: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Beneficiary Soc.Sec.No.: \_\_\_\_\_ Beneficiary D/O/B: \_\_\_\_\_

Beneficiary telephone No.: \_\_\_\_\_

#### **CONTINGENCY BENEFICIARY (In the event of the death of the primary Beneficiary)**

Name of Beneficiary for: 50% 100% \_\_\_\_\_ Relationship: \_\_\_\_\_  
(circle one)

Address of Beneficiary: \_\_\_\_\_

Beneficiary Soc.Sec.No.: \_\_\_\_\_ Beneficiary D/O/B: \_\_\_\_\_

Beneficiary telephone No.: \_\_\_\_\_

Name of Contingent Beneficiary for 50%: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Beneficiary Soc.Sec.No.: \_\_\_\_\_ Beneficiary D/O/B: \_\_\_\_\_

Beneficiary telephone No.: \_\_\_\_\_

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**ANNUITY FUND**

**DESIGNATION OF BENEFICIARY OR CHANGE OF BENEFICIARY**

I reserve the right to revoke and change the above designations at any time by giving written notice on the form prescribed by the Board of Trustees of the Local 580 Annuity Fund.

**MARITAL STATUS (check one)**

Married - Sign below and notarize (Marriage Certificate must be on file).

Single - Sign below and notarize.

Divorced - Sign below and notarize.

Unable to locate my spouse (If you check this box, additional information is needed. Also sign below and notarize).

Beneficiary of a deceased member - Sign below and notarize.

**NOTARY**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Print Full Name

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

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**ANNUITY FUND**

**WAIVER**

**SPOUSAL STATEMENT (for married persons only)**

Have spouse complete the following statement. **ONLY IF SHE IS NOT LISTED AS THE PRIMARY BENEFICIARY FOR AT LEAST 50% OF THE ACCOUNT.**

I, \_\_\_\_\_, swear that I am the legal spouse of the employee described above. By law, I realize that I am entitled to **50%** of my spouse's account. I hereby consent to my spouse's designation of \_\_\_\_\_ as the beneficiary to my portion of the account. I understand that as a result, I will not be paid benefits under the Annuity Fund after my spouse's death unless death benefits are payable to me under another payout option that my spouse selects.

**NOTARY**

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Print Full Name

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

# FUND OFFICE OF LOCAL 580

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## INSURANCE FUND

Please be advised that we are in receipt of your Local 580 enrollment card. The following information is required in order to enroll you on our computer system. Only upon receipt of these completed forms, along with your enrollment card, will you be enrolled on our systems.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(please provide birth certificate)

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

Phone # \_\_\_\_\_ National Origin: \_\_\_\_\_ Race: \_\_\_\_\_

### PRIMARY BENEFICIARY

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Beneficiary social security # \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_

### CONTINGENT BENEFICIARY: In the event of the death of the Primary beneficiary

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Beneficiary social security # \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_

### DEPENDENTS: Marriage and Birth certificates are required, in English

List your Spouse and any unmarried dependent children under 19 years of age

Name	Relationship	SS#	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### MARITAL STATUS (Check one)

Married  Single  Divorced  Unable to locate my spouse (add info is needed)

NOTARY	
Member Signature _____	Print Full Name _____
Sworn to before me on this _____ Day of _____ 20____	
Notary Public Signature _____	



Administrative Office of:

- LOCAL 580 VACATION FUND
- LOCAL 580 INSURANCE FUND
- LOCAL 580 PENSION FUND
- LOCAL 580 ANNUITY FUND
- LOCAL 580 EDUCATIONAL FUND
- LOCAL 580 SCHOLARSHIP FUND
- LOCAL 580 LABOR MANAGEMENT FUND

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**PENSION FUND BENEFICIARY FORM**  
**FOR SINGLES MEMBERS ONLY**

(If the Member is married at the time of death, the spouse is the automatic designated beneficiary under the provisions of The Plan).

The following designation will only apply to a death that occurs pre-retirement. Upon retirement, other options will be offered.

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_

**PRIMARY BENEFICIARY**  
In the event of the death of the Member

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Beneficiary social security # \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_

Beneficiary Phone # \_\_\_\_\_

**CONTINGENT BENEFICIARY:**  
In the event of the death of the Primary beneficiary

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Beneficiary social security # \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_

Beneficiary Phone # \_\_\_\_\_

I reserve the right to revoke and change the above designations at any time by giving written notice on the form prescribed by the Board of Trustees of the Local 580 Pension Fund.

<b><u>NOTARY</u></b>	
_____	_____
Member Signature	Print Full Name
Sworn to before me on this _____ Day of _____ 20	
Notary Public Signature _____	