



IBEW LOCAL UNION NO. 22/NECA
Fringe Benefit Plan
www.22benefits.aibpa.com

Electrical Industry Center
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Omaha, Nebraska 68127
Telephone: (402) 592-3753
Toll Free: (855) 330-3242
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BENEFICIARY DESIGNATION

Please Print - Must Be Signed

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Social Security Number: _____

Please check the appropriate box(es):

Married

Single

Widowed

Divorced

*Date of Divorce: _____

*By checking "Single" you hereby represent and certify that you are not currently married.

**If you have been divorced more than once, please indicate all dates of divorce.

If married please indicate date of marriage: _____

Table with 2 columns: Primary Beneficiary(ies) and Secondary Beneficiary(ies). Each column has 3 rows for Name, SS#, Percentage, and Relationship.

Note: Under the Plan, if you are married your primary beneficiary is automatically your spouse. Please refer to the Summary Plan Description for further details.

Please list addresses for beneficiaries (if different from your own) on the reverse side of this form.

Authorization

Signature of Employee

Date

Signature of Plan Representative

Date