

**IRON WORKERS' LOCALS NO. 15 & 424 EXTENDED BENEFIT FUND  
MEMBER CENSUS - INFORMATION FORM**

Member Last Name			First	Middle	Date of Birth
Social Security Number				Present Local Union #	Home Phone
Home Address – Street					<input type="checkbox"/> Male/ <input type="checkbox"/> Female
City		State		Zip Code	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
Spouses Last Name			First	Middle	Date of Birth
Spouses Employer Name					Social Security Number
Employers Address – Street					Employer Phone Number
City		State		Zip Code	
Name of Group Health Insurance Plan of Spouses Employer					
Type of Insurance <input type="checkbox"/> Medical <input type="checkbox"/> Dental					
Dependent Child(ren)		(if different)		Sex	Date of Birth
First Name	MI	Last			M / D / Y
				<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
				<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
				<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
				<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
				<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Social Security Number					
Are any Child(ren) handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide separate note with description.					
Are any of your Dependent Child (ren) attending College or University? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, complete the following: You will be required to furnish student letter each semester.					
Child's Name				School/University Name	
Year at School <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate				Number of Credits	
Child's Name				School/University Name	
Year at School <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate				Number of Credits	

**DESIGNATION OF BENEFICIARY**

This form designates you beneficiary for any life insurance and/or accidental death and dismemberment (AD&D) benefit.

I hereby designate as my beneficiary to receive any life insurance and AD&D benefits payable at my death by Extended Benefit Fund:

Beneficiary's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This Beneficiary designation revokes all previous designations of beneficiary for the Extended Benefit Fund.

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