

Stationary Engineers Local 39
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Phone (925) 208-2280 Toll Free (800) 622-0547 Facsimile (925) 833-7301
www.Local39Benefits.org * L39Enrollments@hsba.com

OVER 

WITH THE EMPLOYEE LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____ PHONE NUMBER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CURRENT MARITAL STATUS (PLEASE CHECK ONE): MARRIED NEVER MARRIED DIVORCED DIVORCED & REMARRIED WIDOW(ER)

SPOUSE'S NAME (IF LEGALLY MARRIED): _____ DATE OF MARRIAGE: _____

SPOUSE'S SOCIAL SECURITY NO: _____ IF DIVORCED OR SEPARATED, GIVE DATE: _____

If you are divorced or have ever been divorced, you must submit a copy of your Final Judgment(s) of Dissolution of Marriage along with the Property Settlement(s).

PREVIOUS SPOUSE'S NAME: _____ LAST KNOWN ADDRESS: _____

LIST FIRST NAMES AND DATES OF BIRTH FOR ALL DEPENDENT CHILDREN: _____

LIST ANY OTHER DEPENDENTS AND RELATIONSHIPS: _____

EXPLANATION REGARDING DESIGNATION OF BENEFICIARY

You may designate the same person to receive all types of benefits named on the lower portion of this form, or different persons to receive each of them. If you list more than one beneficiary, they shall share equally in the applicable benefits. You also may designate a contingent beneficiary to receive benefits if your primary beneficiary(ies) should die. If you do not designate anybody, then applicable benefits will be payable as provided under the Plans. If you are married, your spouse is your beneficiary unless you have designated another person and your spouse has completed the spousal consent section on the bottom of this form. Your spouse's consent must be witnessed by a notary. **IF YOUR MARRIAGE IS DISSOLVED, ANY DESIGNATION OF YOUR SPOUSE AS BENEFICIARY PRIOR TO THE DIVORCE IS AUTOMATICALLY REVOKED.**

BE SURE TO COMPLETE THE ENTIRE FORM AND RETURN TO THE TRUST OFFICE.

BENEFICIARY DESIGNATION- Please note: Beneficiary Designation below is only applicable based on your bargaining agreement.

I, _____, Social Security No. _____ do hereby designate the following named person or persons as my beneficiary or beneficiaries to receive any monies that may be payable by reason of my death, under Stationary Engineers Local 39 Pension Trust Fund, Stationary Engineers Local 39 Health & Welfare Trust Fund and Stationary Engineers Local 39 Annuity Trust Fund.

- PENSION TRUST FUND:** If I should die before retirement, or after retirement but before receiving the fully guaranteed number of monthly benefit payments, pay any applicable benefit to my primary beneficiary(ies) listed below, or to my contingent beneficiary if my beneficiary(ies) dies(s):

PRINT NAME OF BENEFICIARY: _____ SOCIAL SECURITY NO. _____ RELATIONSHIP: _____

ADDRESS: _____ DATE OF BIRTH: _____

PRINT NAME OF BENEFICIARY: _____ SOCIAL SECURITY NO. _____ RELATIONSHIP: _____

ADDRESS: _____ DATE OF BIRTH: _____

CONTINGENT BENEFICIARY: _____ SOCIAL SECURITY NO. _____ RELATIONSHIP: _____

