



**Northern California Plasterers Trust Funds**  
 Health & Welfare Trust Fund, Pension Plan and Plasterers Local 66 Supplemental Pension Trust  
 4160 Dublin Boulevard, Suite 400, Dublin, CA 94568-7756  
 Toll Free: 1-(844) 663-8121 \* Fax: 1-(925) 833-7301  
 Email: [plasterersinfo@hsba.com](mailto:plasterersinfo@hsba.com)



## CHANGE OF BENEFICIARY LIFE INSURANCE ONLY

THE PURPOSE OF THIS FORM IS TO CHANGE THE BENEFICIARY FOR YOUR LIFE INSURANCE BENEFITS UNDER THE HEALTH & WELFARE TRUST FUND. IT DOES NOT AFFECT THE BENEFICIARY FOR ANY OTHER BENEFITS.

**PARTICIPANT DATA**

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
MAILING ADDRESS (STREET OR P.O. BOX)			SEX	DATE OF BIRTH
CITY	STATE/ZIP	TELEPHONE NUMBER (     )		EMAIL ADDRESS

**I wish to change the beneficiary for my life insurance benefits to the following:**

Primary Beneficiary	NAME	RELATIONSHIP
ADDRESS	TELEPHONE NUMBER	EMAIL ADDRESS
Secondary Beneficiary	NAME	RELATIONSHIP
ADDRESS	TELEPHONE NUMBER	EMAIL ADDRESS

By signing below, I acknowledge that this is a change in my beneficiary for life insurance benefits only.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

INTERNAL OFFICE USE ONLY