

**EMPLOYEE IDENTIFICATION CARD**

**LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION AND WELFARE FUNDS**

No information supplied on this form shall be effective until this form and appropriate documentation is received by the Laborers' Combined Funds of Western PA, at 12 Eighth St., Suite 500, Pittsburgh, PA 15222 • 1-800-242-2538 • 412-263-0900 • FAX 412-263-2813 • www.lcfowpa.com • email: benefits@lcfowpa.com

**SECTION 1** 12 Eighth St., Suite 500, Pittsburgh, PA 15222 • 1-800-242-2538 • 412-263-0900 • FAX 412-263-2813 • www.lcfowpa.com • email: benefits@lcfowpa.com

1 LAST NAME	2 FIRST	3 MIDDLE	4 MALE <input type="checkbox"/>	5 SOCIAL SECURITY NO.
			FEMALE <input type="checkbox"/>	

6 ADDRESS (Please list PO Box and Street Address)

7 CITY	8 STATE	9 COUNTRY	10 ZIP CODE	11 E-MAIL ADDRESS
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12 <b>WELFARE &amp; PENSION BOOKS CAN BE VIEWED AT <a href="http://www.lcfowpa.com">www.lcfowpa.com</a></b>	13 LOCAL UNION	14 INITIATION DATE MO. DAY YR.	15 BIRTH DATE MO. DAY YR.	16 PHONE ( ) ( )	CELL ( ) ( )
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**IMPORTANT → COMPLETE REVERSE SIDE OF CARD TO IDENTIFY PENSION BENEFICIARIES**

**BE SURE TO HAVE SECTION 6 COMPLETED BY YOUR SPOUSE IF YOU ELECT TO NAME A BENEFICIARY OTHER THAN YOUR SPOUSE TO RECEIVE ALL OR ANY PORTION OF ANY LUMP SUM DEATH BENEFIT PAYABLE UNDER THIS PENSION PLAN**

17 CHECK BY  IF  MARRIED  SINGLE  DIVORCED  WIDOW (ER)      18 DATE OF YOUR MARRIAGE \_\_\_\_\_      19 DATE OF DIVORCE FROM PREVIOUS SPOUSE \_\_\_\_\_

**SECTION 2**

<b>DEPENDENTS</b> LIST YOUR SPOUSE, DEPENDENT CHILDREN AND STEPCHILDREN. BE SURE TO LIST THEIR FORMAL GIVEN NAMES.					6 CHECK BY <input checked="" type="checkbox"/> IF			7 DATE OF BIRTH			8 CHECK BY <input checked="" type="checkbox"/> IF		
1 FIRST NAME	2 INIT.	3 LAST NAME	IF DIFFERENT	4 SOC. SEC. NO.	5 SEX	SPOUSE	CHILD	STEP CHILD	MO.	DAY	YR.	HANDICAPPED	ELIGIBLE FOR MEDICARE
					M <input type="checkbox"/> F <input type="checkbox"/>								
					M <input type="checkbox"/> F <input type="checkbox"/>								
					M <input type="checkbox"/> F <input type="checkbox"/>								
					M <input type="checkbox"/> F <input type="checkbox"/>								
					M <input type="checkbox"/> F <input type="checkbox"/>								
					M <input type="checkbox"/> F <input type="checkbox"/>								

I request available coverage for myself and the dependents listed above and authorize any employer or custodian of records to release any and all information and/or records related thereto which may be requested by the Laborers' Combined Funds of Western Pennsylvania, related in any way to claims submitted for care rendered to me or my Dependents.

9 **IMPORTANT SIGN HERE** ▶ Signature of Employee / Participant \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 3 DESIGNATION OF BENEFICIARIES OR WELFARE FUND DEATH BENEFITS**

PRIMARY BENEFICIARY		
NAME	RELATIONSHIP	SS NO. - -
ADDRESS		PHONE NO. ( ) ( )
NAME	RELATIONSHIP	SS NO. - -
ADDRESS		PHONE NO. ( ) ( )
NAME	RELATIONSHIP	SS NO. - -
ADDRESS		PHONE NO. ( ) ( )
NAME	RELATIONSHIP	SS NO. - -
ADDRESS		PHONE NO. ( ) ( )
CONTINGENT (SECONDARY) BENEFICIARY IN CASE OF THE PRIMARY BENEFICIARY'S DEATH PRIOR TO EMPLOYEE'S DEATH		
NAME	RELATIONSHIP	SS NO. - -
ADDRESS		PHONE NO. ( ) ( )
NAME	RELATIONSHIP	SS NO. - -
ADDRESS		PHONE NO. ( ) ( )
NAME	RELATIONSHIP	SS NO. - -
ADDRESS		PHONE NO. ( ) ( )
NAME	RELATIONSHIP	SS NO. - -
ADDRESS		PHONE NO. ( ) ( )

**IMPORTANT - IF YOU DO NOT HAVE YOUR WELFARE FUND DEATH BENEFICIARIES ABOVE ON THIS FORM, DEATH BENEFITS WILL BE PAID IN ACCORDANCE WITH THE PROVISIONS OF THE WELFARE FUND BENEFIT PLAN.**

CHECK HERE  IF YOU DO NOT WANT TO NAME A WELFARE FUND BENEFICIARY

I THE UNDERSIGNED, CERTIFY THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND ALSO REVOKE ANY AND ALL PRIOR DESIGNATIONS OF BENEFICIARIES SUBMITTED TO THE WELFARE FUND, AND I DESIGNATE THE ABOVE NAMED PERSONS AS MY BENEFICIARIES.

1 EMPLOYEE'S / PARTICIPANT'S SIGNATURE ▶	2 DATE
WITNESS MUST BE SOMEONE OTHER THAN EMPLOYEE OR ANY NAMED BENEFICIARY	3 WITNESS SIGNATURE ▶
	4 PRINT NAME
5 WITNESS ADDRESS ▶	6 PHONE NO. ( ) ( )

SECTION 4

PENSION FUND PARTICIPANT AND ALTERNATE PAYEE UNDER A QUALIFIED DOMESTIC RELATIONS ORDER ("QDRO")

If a Pension Fund Participant is separated or divorced, and is subject to a Qualified Domestic Relations Order ("QDRO") or other court order that assigns a portion of the Participant's pension benefits to his / her spouse or former spouse (the "Alternate Payee"), the Participant or Alternate Payee should complete the information requested below and check each applicable box.

I am a Participant in the Pension Fund subject to a QDRO; the Alternate Payee is

I am an Alternate Payee under a QDRO; the Participant is

Date of the QDRO is

The Court is, The Court of Common Plea of: County, (COUNTY) (STATE)

SECTION 5

VESTED PENSION CONTRIBUTIONS DEATH BENEFIT

THIS DEATH BENEFIT PERTAINS TO YOUR VESTED PENSION CONTRIBUTIONS. IF YOU PASS AWAY BEFORE RECEIVING ALL OF YOUR CONTRIBUTIONS IN PENSION BENEFITS, ANY REMAINING UNPAID CONTRIBUTIONS WOULD BE PAID TO THE BENEFICIARY LISTED BELOW. IF YOU ARE MARRIED ONLY YOUR SPOUSE CAN BE NAMED AS YOUR PRIMARY BENEFICIARY FOR THIS BENEFIT, UNLESS YOUR SPOUSE CONSENTS TO A DIFFERENT BENEFICIARY BY COMPLETING THE CONSENT OF SPOUSE (SECTION 6 BELOW), WHICH MUST BE NOTARIZED.

Table with 3 columns: NAME, RELATIONSHIP, SS NO. and 3 rows for PRIMARY BENEFICIARY.

Table with 3 columns: NAME, RELATIONSHIP, SS NO. and 3 rows for CONTINGENT (SECONDARY) BENEFICIARY IN CASE OF THE PRIMARY BENEFICIARY'S DEATH PRIOR TO EMPLOYEE'S DEATH.

IMPORTANT - IF YOU DO NOT HAVE YOUR PENSION FUND DEATH BENEFICIARIES ABOVE ON THIS FORM, DEATH BENEFITS WILL BE PAID IN ACCORDANCE WITH THE PROVISIONS OF THE PENSION FUND TRUST AGREEMENT

CHECK HERE IF YOU DO NOT WANT TO NAME A PENSION FUND BENEFICIARY

I THE UNDERSIGNED, CERTIFY THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND ALSO REVOKE ANY AND ALL PRIOR DESIGNATIONS OF BENEFICIARIES SUBMITTED TO THE PENSION FUND, AND I DESIGNATE THE ABOVE NAMED PERSONS AS MY BENEFICIARIES.

Signature and information fields for the participant, including witness and date fields.

SECTION 6

CONSENT OF SPOUSE

IF THE PARTICIPANT SELECTS A BENEFICIARY OTHER THAN HIS/HER SPOUSE FOR THE VESTED PENSION CONTRIBUTIONS DEATH BENEFIT THIS SECTION MUST BE COMPLETED BY THE SPOUSE AND NOTARIZED.

I understand that my spouse has designated a beneficiary other than me in Section 5 above to receive any Vested Pension Contributions Death Benefits that may become payable under the Pension Plan upon his/her death, and I consent to that designation. I have read Section 5 and realize that in signing below I am giving up my right to another person (the above named beneficiary) to receive these death benefits, which I would be entitled to receive, under applicable law, as a spouse.

SIGNATURE OF EMPLOYEE'S SPOUSE DATE

PRINT NAME OF EMPLOYEE'S SPOUSE

SUBSCRIBED AND SWORN TO BEFORE ME THIS SEAL

DAY OF 2

NOTARY PUBLIC

# Laborers' District Council of Western Pennsylvania Welfare & Pension Funds

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## **IMPORTANT NOTICE!**

As a result of your employment, this office has received an initial contribution towards possible coverage for benefits under Funds it administers. In order for any determination to be made as to whether you may be entitled to benefits from either the Laborers' District Council of Western Pennsylvania Welfare Fund and/or the Laborers' District Council of Western Pennsylvania Pension Fund, it is necessary that **YOU COMPLETE** the enclosed Identification Card and **RETURN IT PROMPTLY** to our office. After receipt of such card, this office will establish or update your record, and will notify you at such time as you may qualify for benefits under either of the two Funds.

**This Identification Card is for the purpose of obtaining information about you, your dependents and beneficiaries, for the Laborers' District Council of Western Pennsylvania Welfare Fund and/or the Laborers' District Council of Western Pennsylvania Pension Fund, and IS NOT A UNION APPLICATION, AUTHORIZATION, OR MEMBERSHIP CARD.**

**LABORERS COMBINED FUNDS OF W. PA**  
**12 Eighth Street • Suite 500 • Pittsburgh, PA 15222-9997**





# Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

Serving the Laborers' District Council of Western Pennsylvania  
Pension Fund, Welfare Fund and other affiliated Funds



12 EIGHTH STREET • SUITE 500 • PITTSBURGH, PENNSYLVANIA 15222  
PHONE: 412-263-0900 • WEBSITE: [www.lcfowpa.com](http://www.lcfowpa.com)

Any information supplied on the Employee Identification Card shall not become effective until THE FULLY COMPLETED CARD AND ALL APPROPRIATE DOCUMENTATION IS RECEIVED by the Laborers' Combined Funds of Western Pennsylvania Pension and Welfare Funds. Any original dependent documents submitted will be returned to you.

## **◆ Employee Identification Card Instructions ◆**

Fully complete BOTH THE FRONT AND BACK of the Identification Card

### **Section 1-MUST BE FULLY COMPLETED**

- Please read carefully and complete **ALL** the blank spaces and **CORRECT** any preprinted information that may be incorrect.
- The employee's initiation date must be provided and can be found on your union card. If you are an office or supervisory employee (not in the group represented by the Union) leave this block blank.
- Indicate your marital status and list your date of marriage and/or date of divorce. If you are divorced, the Fund Office must be provided with a copy of your Divorce Decree and signed Marriage Settlement Agreement.
- The Fund Office must be provided with a copy of your Social Security Card.

### **Section 2-MUST BE FULLY COMPLETED**

If you have any dependents list their name, sex, social security number and date of birth. Social Security numbers **MUST** be provided for each dependent listed **OR PROCESSING OF MEDICAL CLAIMS COULD BE DELAYED.**

- If adding a spouse a copy of the marriage license is required.
- If adding dependent child(ren) a copy of the long form birth certificate is required. (It must contain the names of both parents and the child).
- **EVEN IF YOU ARE NOT LISTING ANY DEPENDENTS YOUR SIGNATURE IS STILL REQUIRED AT THE BOTTOM OF SECTION 2.**

### **Section 3 Designation of Beneficiaries for Welfare Fund Death Benefits** **MUST BE FULLY COMPLETED**

Please fill out BOTH the primary beneficiary and contingent beneficiary information. A contingent beneficiary is important: in the event something unforeseen should happen to the primary beneficiary, the Fund Office would still have a beneficiary on file.

- You may designate any person as your Welfare Fund beneficiary.
- **THE EMPLOYEE'S SIGNATURE IS REQUIRED AT THE BOTTOM OF SECTION 3.**
- A witness signature is also required and **MUST** be someone **OTHER** than yourself or any person you have named as a primary or contingent beneficiary.

**OVER**

For Calls Made in Pennsylvania but Outside Metropolitan Pittsburgh, Use Toll Free Number: 1-800-242-2538

FAX NUMBERS: Benefits Dept. – 1-412-263-2813 • Reports Dept. – 1-412-263-2825 • Administrative Dept. – 1-412-263-2084

EMAIL: Welfare Dept - [benefits@lcfowpa.com](mailto:benefits@lcfowpa.com) • Pension Dept - [pension@lcfowpa.com](mailto:pension@lcfowpa.com) • Reports Dept – [reports@lcfowpa.com](mailto:reports@lcfowpa.com)

**SECTIONS 4, 5 & 6 MUST ONLY BE COMPLETED IF YOUR EMPLOYER IS MAKING PENSION CONTRIBUTIONS TO THE FUND OFFICE ON YOUR BEHALF**

**Section 4 Qualified Domestic Relations Order (“ODRO”)**

If A Pension Fund Participant is separated or divorced, and is subject to a Qualified Domestic Relations Order (“QDRO”) or other court order that assigns a portion of the Participant’s pension benefits to his spouse or former spouse (the “Alternate Payee”), the Participant and Alternate Payee should complete Section 4 of the Employee Identification Card.

**Section 5 Vested Pension Contributions Death Benefits**

Please fill out BOTH the primary beneficiary and the contingent beneficiary information. A contingent beneficiary is important; in the event something unforeseen should happen to the primary beneficiary, the Fund Office would still have a beneficiary on file.

- If you are married you **MUST** designate **ONLY** your spouse as your primary beneficiary UNLESS Section 6 is completed.
- THE EMPLOYEE’S SIGNATURE IS REQUIRED AT THE BOTTOM OF SECTION 5.
- A witness signature is also required and **MUST** be someone **OTHER** than yourself or any person you have named as a primary or contingent beneficiary.

**Section 6 Consent of Spouse**

**IF** listing someone other than only your spouse in Section 5 and your spouse consents to another person being named as the primary beneficiary for the Vested Pension Contribution Death Benefit in Section 5, then Section 6 **MUST** be completed by your spouse.

All documents can be returned by

- Using the enclosed postage paid envelope or
- Faxed to 412-263-2813 or
- Emailed to [benefits@lcfowpa.com](mailto:benefits@lcfowpa.com) or
- Downloaded via our website [www.lcfowpa.com](http://www.lcfowpa.com).

If you have any questions, please contact the Fund Office at 412-263-0900, or toll free at 1-800-242-2538.

**◆REMINDER◆**

- PLEASE BE SURE TO NOTIFY THE FUND OFFICE, YOUR EMPLOYER AND YOUR LOCAL UNION OF ANY ADDRESS CHANGE.
- THE FUND OFFICE AND YOUR EMPLOYER SHOULD ALSO BE NOTIFIED OF ANY CHANGES IN-- YOUR MARITAL OR DEPENDENT STATUS.