

# Plumbers and Steamfitters Local #6 Health & Welfare Fund

C/O: ZENITH ADMINISTRATORS

PO BOX 26

MINNEAPOLIS MN 55440-0026

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## Benefit Election Form

This form is used to make an election for your insurance Benefits. The **MEMBER** must sign this form.

You may choose the Single, Family, or Waived Medical Option. Please refer to the Summary Plan Description or contact Zenith Customer Service at (651)256-1810 or (800)586-0238 if you have questions.

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Your election will remain in place until you have a qualifying event such as:

- Birth of a child, adoption or change in custody of child
- Marriage, divorce or legal separation
- Death of a spouse or child
- Spouse's involuntary loss of coverage
- A dependent's loss of eligibility (for example, your child gets married or is over the age of 19 and no longer a full-time student).

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### Select One:

Single Medical Benefits:

Family Medical Benefits:

Waive Medical Benefits:

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Full Name of Beneficiary

Social Security Number

Date of Birth

Relationship

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

Print Name: \_\_\_\_\_ Alternate ID or SSN: \_\_\_\_\_

