# Plumbers, Pipe Fitters & Mechanical Equipment Service Local Union No. 392 1228 Central Parkway, Suite 100 • Cincinnati, Ohio 45202-7500

## **Universal Beneficiary Designation Form**

If eligible, beneficiary(ies) listed below shall receive participant's death benefits from the Health & Welfare Fund and/or Pension Fund.

The designation of a spouse as beneficiary is void upon divorce, and a new designation form will be required in order to name a new beneficiary(ies) or to re-name your former spouse as beneficiary.

Lump Sum Death Benefit If Applicable—I	Health & Welfare Fund			
Name:	Relationship:			
Address:	City:	State:	Zip:	
Phone Number:	Percentage:	☐ Primary	Contingent	
Name:	Relationship:			
Address:	City:	State:	Zip:	
Phone Number:	Percentage:	Primary	☐ Contingent	
Name:	Relationship:			
Address:	City:	State:	Zip:	
Phone Number:	Percentage:	☐ Primary	☐ Contingent	
Return of Contributions Death Benefit If	Applicable—Pension Fund			
Name:	Relationship:			
Address:	City:	State:	Zip:	
Phone Number:	Percentage:	☐ Primary	Contingent	
Name:	Relationship:			
Address:	City:	State:	Zip:	
Phone Number:	Percentage:	☐ Primary	Contingent	
Name:	Relationship:			
Address:	City:	State:	Zip:	
Phone Number:	Percentage:	☐ Primary	Contingent	
one beneficiary. If you specify benefit proceeds will be paid in equal shares to Contingent Beneficiary: The contingent beneficiary survives you or is void beca	iciary is the person(s) you name to receive depercentages, the total must equal 100%. If you the primary beneficiaries who survive you. In the beneficiary is the person(s) you name to use of divorce. If you specify benefit percentageneficiary, or if no beneficiary survives you, we note that the person is the person in the person is the person in the person is the person in the person in the person is the person is the person in the person is the person in the person is the	you do not specify be o receive death beno ges, the total must eq	enefit percentages, efits if no primary ual 100%.	
This Designation revokes a	any prior beneficiary designations, mad	e by me, for my be	nefit.	
Print Participant Name:	Participant Social Se	Participant Social Security #:		
Telephone Number:	Email Address (opti	onal):		
Participant Signature:		Date:		

Please see reverse side

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## Review of Death Benefits Payable from the Pension & Welfare Plans

Should you decide to fill out the UBD, the Trustees wanted to provide you with a review of the death benefits payable under the Pension and Welfare Plans to help you decide how to fill out the form.

### **Lump Sum Death Benefits**

#### 1. Welfare Fund Death Benefit.

The type of death benefit you are eligible for under the Welfare Plan depends on whether you are eligible for Class A (Active) benefits at the time of your death or if you are eligible for Class C or F (Retiree) benefits at the time of death. The details of both death benefits are as follows.

a. Active Participant.

You are eligible for a \$10,000 death benefit if you are eligible for Class A (Active) benefits at the time of death.

b. Retired Participant.

You are eligible for a \$10,000 death benefit if you are eligible for Class C or Class F (Retiree) benefits time of death. A \$2,000 death benefit applies to Local 59 Retirees. There is no death benefit for Local 113 retirees who participate because of their union's merger with Local 392 on or after May 1, 1988.

2. Pension Fund Death Benefit.

You are eligible for a \$5,000 death benefit from the Pension Fund if a death benefit is not payable from the Welfare Plan and you retired on or after October 1, 1999 from the active service of an employer.

## Return of Contribution Death Benefit Under the Pension Plan

The Return of Contribution Benefit is paid to the beneficiary of a participant in situation where the participant and their qualified spouse(s) (if applicable) die before receiving total payments which equal or exceed a guaranteed amount. The guaranteed amount is the total of all contributions received on your behalf.

If you are married and your qualified spouse is eligible to receive a Survivor Annuity upon your death, you may want to name someone other than your spouse as the beneficiary for the benefit because the UBD would only determine benefits in the event your qualified spouse either died before you or at the same time as you. If you don't know whether your spouse is qualified for a Survivor Annuity, you should contact the Fund Office.

If you have any questions, please contact the Fund Office.

Summary of Materials Modifications
WELFARE FUND EIN: 31-0561070, PN: 501; PENSION FUND EIN: 31-0655223, PN: 001