

**HEALTH AND PENSION FUND**

410 South Main street, suite 200  
Providence, RI 02903

TEL (401) 942-8690

FAX (401) 943-4837

**\*\*\*\*PLEASE COMPLETE AND RETURN FOR BENEFITS\*\*\*\***

Application Type:  New  Change

PLEASE PRINT

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Local Union No. \_\_\_\_\_ Trade \_\_\_\_\_

Social Security Number \_\_\_\_\_  Male  Female

Marital Status:  Single  Married  Widowed  Divorced  Separated

**Beneficiary** \_\_\_\_\_ **Relationship of Beneficiary** \_\_\_\_\_

**If married, your spouse is your Beneficiary for the R.I. Laborers' Pension and Annuity Funds unless he (she) consents in writing to your naming someone else. For the Health Fund, you can name any Beneficiary.**

**Dependents:**

Please list full names and birth dates of your spouse and all children under twenty-six years of age.

NAMES:	Date of Birth/Social Security Number
_____ (Spouse)	_____ <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

**\*\*\*\*IF YOU ARE MARRIED, ENCLOSE A COPY OF YOUR MARRIAGE CERTIFICATE. ALSO CHILDREN'S BIRTH CERTIFICATES And Social Security Numbers For Everyone.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*PLEASE FOLD OVER, TAPE OR STAPLE AND MAIL TO FUND OFFICE\*\*\*\*