

Rhode Island Laborers' Health and Pension Fund

410 South Main St., 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 _____ Male ☐ Female ☐

Social Security Number _____ Email _____

Local Union No. _____ Trade _____

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 naming someone else. For the Health Fund, you can name any Beneficiary.

Dependents:

Please list full name, date of birth and social security number for 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

******A copy of marriage certificate and children's birth certificates are required******

Members should refer to page 6 of The Fund's "Summary Plan Description" for assistance with special enrollment periods.

Signature _____

Date _____