



**PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND**

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MIDWEST OPERATING ENGINEERS RETIREE WELFARE PLAN
RETIREE MEDICAL SAVINGS PLAN (RMSP)
BENEFICIARY DESIGNATION

Section A – Member Information (Please Print)

_____			_____			_____					
Last Name			First Name			Middle Initial					
_____			_____			_____					
Street Address			City			State			Zip Code		
_____			_____			_____			_____		
Social Security Number			Birth Date			Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)			Email Address		

Section B – Primary Beneficiary Designation (Please Print) – Total percentage must equal 100%

Members may designate a primary beneficiary(ies) which will be the recipient of the member’s Individual Retiree Medical Savings Account (RMSP) upon the member’s death. The member must specify the percentage (%) assigned to each primary beneficiary and the total percentages must equal 100%. A primary/contingent beneficiary may include a spouse, children (natural/step/adopted), or any other dependents for which you are the named legal guardian. The beneficiary designation will become effective on the date the form is received by the Fringe Benefit Fund Office. Beneficiary designations may be changed at any time by filing a new form with the Fringe Benefit Fund Office. The form is available by calling 708-579-6600 or you can download the form from our website, www.moefunds.com.

If a primary/contingent beneficiary has not been designated or if they die prior to the member’s death, any benefits payable shall be paid according to the RMSP Plan rules (please refer to your Summary Plan Description).

_____			_____			_____								
Last Name			First Name			Middle Initial								
_____			_____			_____								
Street Address			City			State			Zip Code					
_____			_____			_____			_____					
Social Security Number			Birth Date			Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)			Relationship			Percentage		

_____			_____			_____								
Last Name			First Name			Middle Initial								
_____			_____			_____								
Street Address			City			State			Zip Code					
_____			_____			_____			_____					
Social Security Number			Birth Date			Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)			Relationship			Percentage		



Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Social Security Number	Birth Date	Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)		Relationship
				Percentage

Section C – Contingent Beneficiary Designation (Please Print) – Total percentage must equal 100%

Members may designate a contingent beneficiary(ies) which will be the recipient of the member's Individual Retiree Medical Savings Account (RMSP) if there are no surviving primary beneficiary(ies). The member must specify the percentage (%) assigned to each contingent beneficiary and the total percentages must equal 100%.

Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Social Security Number	Birth Date	Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)		Relationship
				Percentage

Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Social Security Number	Birth Date	Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)		Relationship
				Percentage

Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Social Security Number	Birth Date	Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)		Relationship
				Percentage

Section D – Member Confirmation (Please Read Carefully)

In the event of my death, I hereby designate the individuals on this form as my primary/contingent beneficiary(ies) of my Retiree Welfare Plan Individual Retiree Medical Savings Account (RMSP). I reserve the right, without the consent of the beneficiary(ies), to further change the beneficiary(ies); subject to any statutory restrictions.

The designation of primary/contingent beneficiary(ies) on this form supersedes all prior primary/contingent beneficiary designations I have made. I understand that it is my responsibility to keep my beneficiary designation information and address up to date.

Member's Signature	Date
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