

**Plumbing and Pipefitting Industry  
Health and Welfare Fund of Kansas**

505 South Broadway, Ste 117  
Wichita, KS 67202  
Phone (316) 264-2339 Fax (630) 481-1593

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**BENEFICIARY DESIGNATION FORM - DEATH BENEFIT**

PLEASE PRINT

PARTICIPANT NAME

PARTICIPANT SSN & DOB

\_\_\_\_\_  
PRIMARY BENEFICIARY  
NAME, SSN, DOB

\_\_\_\_\_  
PRIMARY BENEFICIARY  
RELATIONSHIP & HOME ADDRESS

\_\_\_\_\_  
CONTINGENT BENEFICIARY(S)  
NAME, SSN, DOB

\_\_\_\_\_  
CONTINGENT BENEFICIARY(S)  
RELATIONSHIP & HOME ADDRESS

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT**

\_\_\_\_\_  
**DATE SIGNED**