



Plasterers Local 31 Insurance Fund

C/o O.P. & C.M.I.A. Combined Funds
Of Western PA, Inc.
1900 Andrew Street
Munhall PA 15120
Telephone: (412) 464-2851
Fax: (412) 461-9923

REGISTRATION FORM FOR RETIREE DEATH BENEFIT

SECTION 1 – PARTICIPANT INFORMATION

Name:	Social Security No:	
Address:		
City:	State:	Zip:
Telephone No:		

SECTION 2 – ELIGIBILITY INFORMATION

Last Employer:	
Date of Retirement:	Last Day Worked:
Date Active Eligibility Terminates:	

Verification by Administrator

Date

SECTION 3 – BENEFICIARY INFORMATION

Name:	Social Security No.	
Address:		
City:	State:	Zip:
Telephone No:	Relationship to Retiree:	

* For additional beneficiaries and/or contingent beneficiaries, please attach a separate sheet.

Retiree Signature

Date