

# Youngstown Area Electrical Welfare Fund



33 Fitch Boulevard  
Austintown, Ohio 44515  
Phone: (330) 270-0453

## **ELECTION OF COVERAGE EARLY RETIREMENT OR PERMANENT DISABILITY**

Member's Name \_\_\_\_\_ Local \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## **DESIGNATION OF BENEFICIARY**

I hereby designate \_\_\_\_\_  
(Beneficiary's Name) (Relationship)

\_\_\_\_\_  
(Beneficiary's Address)

as the beneficiary for the benefits provided by The Youngstown Area Electrical Welfare Fund.

CHECK ONE: ( ) Member Only \$230.00  
( ) Family \$460.00

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

Retirement Date \_\_\_\_\_

\_\_\_\_\_ Check here if you wish to have your Welfare Premium taken directly from you Pension check.