

SHEET METAL WORKERS LOCAL NO. 33 YOUNGSTOWN DISTRICT HEALTH & WELFARE FUND

Telephone (330) 270-0453
Toll Free 1-800-589-8041

Office Location
33 Fitch Boulevard
Austintown, Ohio 44515



APPLICATION EARLY RETIREMENT SCHEDULE OF BENEFITS

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)

(Beneficiary's Social Security No.)

as the beneficiary for the benefits provided by The Sheet Metal Workers Local No. 33
Youngstown District Health and Welfare Fund.

Monthly Premium \$

Signature

Date

Retirement Date

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