

**MO-KAN TEAMSTERS HEALTH & WELFARE FUND**

PO Box 909500, Kansas City, MO 64190-9500 (816) 777-2669  
 Toll Free (833) 479-9429

Last Name			First Name in Full			Middle Name in Full		
Home Address				City and State			Zip Code	
Social Security No.			Date Employee Joined Union		Cell Phone No.		Home Telephone No.	
Date of Birth			Marital Status		Sex		Email Address	
Month	Day	Year	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Male			
			<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Female			

Please be sure to complete and sign the back of this card to designate your beneficiary(ies). Beneficiary designations may be changed by filing a new designation. No designation shall be effective unless filed with the Fund Administrator.

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Signature	Date

