## Twin City Ironworkers Fringe Benefit Funds

## WILSON-McSHANE CORPORATION

3001 Metro Drive - Suite 500 Bloomington, MN 55425 (952) 854-0795

Detach here and mail to: Twin City Ironworkers Fringe Benefit Funds 3001 Metro Drive - Suite 500 Bloomington, MN 55425

LAST NAME				FIRST NAME IN FULL				MIDDLE NAME IN FULL				
HOME ADDRESS			CITY		STATE		ZIP			NUMBER		
SOCIAL SECURITY NUMBER		LO	CAL UNION	I NO.	DATE INITIATED		MONTH			DAY	YEAR	
DATE OF BIRTH				CHECK ONE								
MONTH DAY		YEAR	s	STATUS		DATE	STATUS			S DATE		
			SI			N/A	DIVORCED			•		
			MA				SEPARATED 🗆			•		
DEATH BENEFITS TO BE PAID TO: SOC.					SOC.SEC.NO.	. RELATIONSHIP				NSHIP		
NAME												
RESIDENCE OF BEN	EFICIARY							BE SU	RE TO		OUR	
STREET CITY OR TOWN STA			STATI	=	ZIP CODE	DEPENDENTS ON BACK OF CARD						
SIGNATURE-IN FULL						DATE CARD SIGNED						

TWIN CITY IRONWORKERS FRINGE BENEFIT FUNDS

## **Twin City Ironworkers**

Print name of each dependent below. Dependents who may be included in this application are wife and all unmarried children under 23 years of age only. All eligible dependents must be listed.

FIRST NAME OF ALL ELIGIBLE DEPENDENTS	В	IRTH DAT	E	RELATIONSHIP					
AND SOCIAL SECURITY NUMBER	Marship	Davi	Xee	10/:5-	0.00	Davahtar	Step	Step	
(Do not repeat your name below)	Month	Day	Year	Wife	Son	Daughter	Son	Daughter	
Soc. Sec. #	-								
Soc. Sec. #									
Soc. Sec. #									
Soc. Sec. #	-								
Soc. Sec. #	-								
Soc. Sec. #	_								
Soc. Sec. #									