


# Plasterers & Cabinet Makers Health Fund

## WILSON-McSHANE CORPORATION

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

Detach here and mail to:

**Plasterers & Cabinet Makers  
Health Fund**  
3001 Metro Drive - Suite 500  
Bloomington, MN 55425



## Plasterers and Cabinet Makers Health Fund

Complete and Return in Order to Assure Proper Coverage in the Fund

Y187

FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

LOCAL UNION NO. \_\_\_\_\_ DATE OF ENTRY INTO UNION \_\_\_\_\_ SEX \_\_\_\_\_

### Beneficiary

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

RELATIONSHIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

### If Beneficiary Other Than Spouse Complete Following:

BENEFICIARY NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

BENEFICIARY SOC. SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
DATE CARD SIGNED

**X**

\_\_\_\_\_  
YOUR SIGNATURE IN FULL