



Benefit Trust

PAID TIME OFF BENEFIT - DESIGNATION OF BENEFICIARY

Please complete this Designation of Beneficiary Form applicable to your Paid Time Off benefits under the Oregon Homecare Workers Benefit Trust ("Trust"). You may designate one primary beneficiary, as well as one contingent beneficiary who will receive any available benefit in the event that your primary beneficiary predeceases you. Please provide the full name of your designated beneficiaries, as well as their addresses and their relationships to you.

Section 1. Primary Beneficiary.

By my signature below, I hereby designate the following individual as my Primary Beneficiary for the purpose of receiving any Paid Time Off benefit payable on my behalf under the Trust in the event of my death. Further, I hereby revoke any prior designation of Primary Beneficiary. I understand that this beneficiary designation will become effective only upon its receipt by the Trust.

Full Name

Relationship

Street Address

City State Zip Code

Email

Phone Number

Section 2. Contingent Beneficiary.

By my signature below, I hereby designate the following individual as my Contingent Beneficiary for the purpose of receiving any Paid Time Off benefit payable on my behalf under the Trust in the event of my death, provided the Primary Beneficiary named above also is deceased. Further, I hereby revoke any prior designation of Contingent Beneficiary. I understand that this beneficiary designation will become effective only upon its receipt by the Trust.

Full Name

Relationship

Street Address

City State Zip Code

Email

Phone Number

I understand that if none of the beneficiaries designated above survive me, the Trust will pay any Paid Time Off benefit remaining upon my death to the executor of my estate.

Applicant's Signature

Date

Print Name

[9PT0014]

The benefits of the Homecare Workers Supplemental and Benefit Trusts were negotiated by SEIU Local 503 homecare and personal support workers through their bargaining team.

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