

Revised August 2021

SOUTHERN CALIFORNIA PIPE TRADES ADMINISTRATIVE CORPORATION 501 Shatto Place, Suite 500, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 386-0418 | Email info@scptac.org | www.scptac.org

BENEFICIARY FORM

Pa	rt 1 Participai	nt Inform	ation							
P	ARTICIPANT NAME	First Name				Middle Initial L	ast Name			
	PARTICIPANT ID	Blue Shield of Calif	fornia		OR	· ·	-XX-XXXX (Only last	four required, full SSN requested f	for new participants.)	
	ADDRESS*					`	State ZIP Code			
	*Address will be updated, if different from what is on file			,						
	PHONE NUMBER	()	-	EMA	AIL		DOB	LO	CAL	
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SC	PT Retirement Fund			Initial here to select	the Health & Welfare Fund designation	
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