

ENROLLMENT FORM

**PLEASE PRINT ALL
INFORMATION**

| Last Name | | First Name In Full | | Middle Initial | |
|---|---------------------------|--------------------|------------------|------------------|------|
| | | | | | |
| Home address | City | State | Zip Code | Telephone Number | |
| | | | | | |
| EMAIL ADDRESS: | | | | | |
| Social Security Number | | Local Union No. | Sex (circle one) | | |
| | | | M F | | |
| Date Of Birth | | Married | Single | | |
| Month | Day | Year | | | |
| | | | | | |
| Death Benefit To Be Paid To (Full Name) | | Relationship | | | |
| | | | | | |
| Residence of Beneficiary | | | | | |
| | | | | | |
| Street | City or Town | State | Zip | | |
| | | | | | |
| LIST BELOW NAMES OF YOUR SPOUSE AND DEPENDENT CHILDREN | | | | | |
| List Names In Order of Age Eldest First | Social Security Number | Relation | Date of Birth | | |
| | | | Month | Day | Year |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SIGNATURE (Participant Must Sign) _____
Date Signed

In order for us to enroll you into the plan, we will need you to complete and sign the enrollment and claim form. In addition to these forms we will need copies of your certified Marriage Certificate and certified Birth Certificates of your children, if applicable, to enroll your family.