FAMILY ENROLLMENT FORM

COMPLETE AND RETURN TO ADDRESS SHOWN ABOVE

Name of Employee			Soc. Sec. No				
Address							
(street number and street name)			Telephone No. ())		
(city, state, zip code)			•	·			
Local Union No Current Employer(na	me, city, state, zip code)						
Job Class: Journeyman (or above) Apprentice Const (circle one)							
Date of Birth Sex: M F (circle one) Marital S	Status: Single Married	Div Sep Leg	ally Sep. W	dowed			
		Birth	h Soc. Sec. No				
NEW EMPLOYEES OR NEW SPOUSE	S—ATTACH CER	TIFIED COF	PY OF MA	RRIAGE	CERTIFIC	ATE.	
Name of any family member through which other gro	up coverage is provide	d					
Name, address, telephone no., and group/member I.	D.s for that health plan						
List all dependent unmarrie	ed children under age	19 or age 19-	23 if full-tim	e student			
Full Legal Name	Relationship to you (natural child, stepchild, etc.)	live with	Child's Social Security Number		Date of Birth	n Sex	
FOR ANY NEWLY ENROLLED CHILD MARRIAGE, PLEASE SUBMIT CERTIF COURT ORDERS (DIVORCE DECREES, PROOF OF FULL-TIME STUDENT STAT SCHOOL SEMESTER FROM THE REGIS	IED BIRTH CER' CUSTODY AWAR 'US FOR CHILDR	TIFICATE A DS, PATER EN AGE 19	AND COP NITY ORD AND OL	IES OF DERS, E DER IS	ALL PER	TINENT	
LIFE II Designate one or more beneficiaries for your Life Ins Primary Beneficiary(ies):	NSURANCE B urance and AD&D Insu						
Full Legal Name	Relationship to You	Social S Num		Date of B	irin i	otal (must al 100%)	
Contingent Beneficiary(ies) - Insurance benefits will or		Social S			% of t	otal (must	
Full Legal Name	Relationship to You	Num					
The above-named beneficiary supersedes any and a valid only if the Fund Office receives this form while y			. Designatio	n of a ben	eficiary on this	form will be	
Date Signed Employee	Signature						