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## ENROLLMENT FORM

COMPLETE AND RETURN TO ADDRESS SHOWN ABOVE

### EMPLOYEE INFORMATION

Name of Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  M  F Marital Status:  Single  Married  Divorced  Separated  Widowed

Employee Email: \_\_\_\_\_ Local Union: \_\_\_\_\_

Job Class:  Journeyman (or above)  Apprentice  Construction Electrician  Construction Wireman

Other: \_\_\_\_\_

### SPOUSE INFORMATION

Name of Spouse: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  M  F Marriage Date: \_\_\_\_\_ ATTACH A COPY OF MARRIAGE CERTIFICATE.

### CHILD INFORMATION

List all dependent children under age 26.

Full Legal Name	Relationship to You (natural child, stepchild, etc.)	Child's SSN	Date of Birth	Sex
1.				
2.				
3.				
4.				

FOR ANY NEWLY ENROLLED CHILD LISTED ABOVE, PLEASE SUBMIT A COPY OF THEIR BIRTH CERTIFICATE(S) OR COPIES OF ALL PERTINENT COURT ORDERS (DIVORCE DECREES, CUSTODY AWARDS, PATERNITY ORDERS, ETC.).

### OTHER INSURANCE

Name of any family member through which other group coverage is provided: \_\_\_\_\_

Name, address, telephone no., and group/member I.D.s for that health plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# LIFE INSURANCE BENEFICIARY

Designate one or more beneficiaries for your Life Insurance and AD&D Insurance benefits.

**Primary Beneficiary(ies):**

Full Legal Name	Relationship to You	SSN	Date of Birth	% of Total (must be equal to 100%)

**Contingent Beneficiary(ies)** – Insurance benefits will only be paid to a contingent beneficiary if there is no surviving primary beneficiary:

Full Legal Name	Relationship to You	SSN	Date of Birth	% of Total (must be equal to 100%)

The above-named beneficiary supersedes any and all beneficiaries previously designated. Designation of a beneficiary on this form will be valid only if the Fund Office receives this form while you (the employee) are still living.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee Signature

