

NECA/IBEW FAMILY MEDICAL CARE PLAN
 410 Chickamauga Avenue, Suite 301
 Rossville, GA 30741
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ENROLLMENT FORM

COMPLETE AND RETURN TO YOUR EMPLOYER

Name of Employee _____ Soc. Sec. No. _____

Address _____
(street number and street name)

(city, state, zip code) Telephone No. (____) _____

Email Address _____ Cell Phone No. (____) _____

Local Union No. _____ Current Employer _____
(name, city, state, zip code)

Coverage Election: (circle one) **Employee Only** **Employee + Spouse** **Employee + Children** **Family**

Date of Birth _____ Sex: M F Marital Status: Single Married/Date _____ Div Sep Legally Sep Widowed
(circle one) (circle one)

Name of Spouse _____ Date of Birth _____ Soc. Sec. No. _____

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 _____

List all dependent children under age 26 (If you have chosen Employee+ Children or Family Coverage)

Full Legal Name	Relationship to you (natural child, step-child, etc.)	Does child live with you?	Child's Social Security Number	Date of Birth	Sex
1.					
2.					
3.					
4.					
5.					
6.					

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

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	Social Security Number	Date of Birth	% of total (must equal 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	Social Security Number	Date of Birth	% of total (must equal 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