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FAMILY ENROLLMENT FORM

COMPLETE AND RETURN TO ADDRESS SHOWN ABOVE

Name of Employee: _____ Soc. Sec. No.: _____

Address: _____
 (street address) (city) (state) (zip)

Local Union: _____ Current Employer: _____ Telephone Number: () _____

Job Class: Journeyman (or above) Apprentice Construction Elec. Construction Wireman Non-Bargained-for

Other: _____

Date of Birth: _____ Sex: M F Marital Status: Single Married Divorced Sep Legally Sep. Widowed

Name of Spouse: _____ Sex: M F Date of Birth: _____ Soc. Sec. No.: _____

NEW EMPLOYEES OR NEW SPOUSES — ATTACH CERTIFIED COPY OF MARRIAGE CERTIFICATE.

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

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 _____