BUILDING TRADES BENEFIT FUNDS 50 CHARLES LINDBERGH BLVD. STE. 207

UNIONDALE, NEW YORK 11553

# ENROLLMENT CARD

| MEMBERS LAST NAME | FIRST NAME | INIT. | SOC. SECURITY NO. | MALE / FEMALE |
|---|---|---|---|---|
| 1 | 1 | 1 | 111-11-1111 | ◉ MALE ○ FEMALE |
| STREET ADDRESS: 1 | APT. NO.: 1 | | DATE OF BIRTH: 11/11/1111 | HOME/CELL #: (111) 111-1111 |
| CITY: 1 | STATE: 1 | ZIP CODE: 1 | YOUR E-MAIL ADDRESS: 1@1.com | ◉ MARRIED ○ SINGLE ○ DIVORCED ○ WIDOW/ER |
| SHOP NAME: Horsepower Electric | JOB CLASS: 1 | | DATE HIRED: 11/11/1111 | |

COMPLETE THE FOLLOWING FOR YOUR SPOUSE AND ALL DEPENDENT CHILDREN.

| FIRST & LAST NAME | DATE OF BIRTH | SEX | SOC. SEC. NUMBER | RELATIONSHIP |
|---|---|---|---|---|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| 8) | | | | |

**YOU MUST COMPLETE REVERSE SIDE OF THIS CARD**

TO COVER YOUR SPOUSE UNDER THE HEATH PLAN – PROVIDE US WITH A COPY OF YOUR MARRIAGE LICENSE
TO COVER YOUR DEPENDENT CHILDREN UNDER THE HEALTH PLAN – PROVIDE US WITH A COPY OF THEIR BIRTH CERTIFICATE
IF NOT YOUR BIOLOGICAL CHILD, DOCUMENTS ESTABILISHING YOUR RELATIONSHIP TO THE CHILD (EX: ADOPTION PAPERS

IF MARRIED, COMPLETE THIS SECTION.

| DATE OF MARRIAGE | CITY, STATE AND COUNTRY WHERE MARRIED |
|---|---|
| | |

IF EVER DIVORCED OR LEGALLY SEPARATED, COMPLETE THIS SECTION.

| DATE OF DIVORCE/SEPARATION | IS THERE A COURT ORDER FOR YOU TO PROVIDE HEALTH COVERAGE FOR YOUR DEPENDENTS. PLEASE PROVIDE A COPY TO THE FUND. YES ○ NO ○ |
|---|---|
| | |

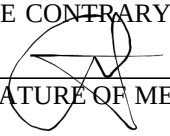
YOUR SPOUSE IS EMPLOYED, COMPLETE THIS SECTION.

| FULL NAME OF SPOUSES EMPLOYER | DATE SPOUSE HIRED |
|---|---|
| | |
| ADDRESS OF SPOUSES EMPLOYER | SPOUSES EMPLOYERS PHONE NO. |
| | |

I hereby designate. The person(s) stated below to be the beneficiary(ies) of any benefits to which I may be entitled under the Building Trades Welfare Benefit Funds following my death.

| FIRST AND LAST NAME | SOC. SECURITY NO. | BIRTH DATE | RELATIONSHIP | PCT. |
|---|---|---|---|---|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

THE BENEFICIARIES DESIGNATED ABOVE SHALL SHARE EQUALLY ANY BENEFITS TO WHICH I MAY BE ENTITLED UNLESS SPECIFICALLY DESIGNATED TO THE CONTRARY IN THE PCT. COLUMN.



10/27/2017

SIGNATURE OF MEMBER DATE