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 ○
STREET ADDRESS		APT. NO.	DATE OF BIRTH	HOME/CELL #
CITY	STATE	ZIP CODE	YOUR E-MAIL ADDRESS	MARRIED ○ SINGLE ○ DIVORCED ○ WIDOW/ER ○
SHOP NAME	JOB CLASS		DATE HIRED	

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.

SIGNATURE OF MEMBER DATE