

ENROLLMENT FORM

SECTION 1 – Must be Completed in Full (Members Information Only in Section 1)

MAIL TO: **Sheet Metal Workers Local #218 H&W Fund**
2855 Via Verde, Springfield, IL 62703

MEMBER LAST NAME <input style="width: 95%;" type="text"/>		FIRST NAME IN FULL <input style="width: 95%;" type="text"/>		MIDDLE NAME IN FULL <input style="width: 95%;" type="text"/>		
DATE OF BIRTH Month Day Year <input style="width: 95%;" type="text"/>		LOCAL UNION # <input style="width: 95%;" type="text"/>	SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		SOCIAL SECURITY NUMBER <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	
HOME ADDRESS <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>		CITY <input style="width: 40%;" type="text"/> STATE <input style="width: 20%;" type="text"/>		TELEPHONE NUMBER <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>		
		ZIP <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>				

SECTION 2 – MUST BE COMPLETED FOR WELFARE COVERAGE

CHECK ONE ⇒	SINGLE: <input type="checkbox"/>	MARRIED: <input type="checkbox"/> REARRIED: <input type="checkbox"/> DATE: <input style="width: 40%;" type="text"/>	WIDOW: <input type="checkbox"/> WIDOWER: <input type="checkbox"/>	SEPARATED: <input type="checkbox"/>	DIVORCED: <input type="checkbox"/> DATE: <input style="width: 40%;" type="text"/>
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PRINT THE NAMES OF ALL ELIGIBLE DEPENDENTS BELOW YOU WISH TO ENROLL

PLEASE LIST ALL DEPENDENTS INCLUDING SPOUSE, CHILDREN, STEPCHILDREN, ETC. MARRIAGE LICENSE/BIRTH CERTIFICATES MUST BE ATTACHED FOR ALL DEPENDENTS BELOW. In the event of enrolling a stepchild, the divorce decree of the natural parents must be attached.

	BIRTH DATE			RELATIONSHIP (DAUGHTER, SON, SPOUSE)
	MONTH	DATE	YEAR	
NAME <input style="width: 95%;" type="text"/> SOCIAL SECURITY # <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>
NAME <input style="width: 95%;" type="text"/> SOCIAL SECURITY # <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>
NAME <input style="width: 95%;" type="text"/> SOCIAL SECURITY # <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>
NAME <input style="width: 95%;" type="text"/> SOCIAL SECURITY # <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>

SECTION 3 – NAMED BENEFICIARY(IES) – LIFE INSURANCE

LAST NAME <input style="width: 95%;" type="text"/>	FIRST NAME IN FULL <input style="width: 95%;" type="text"/>	MIDDLE NAME IN FULL <input style="width: 95%;" type="text"/>	SOCIAL SECURITY # <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>

I CERTIFY THAT ALL INFORMATION IS CORRECT AND UNDERSTAND IT IS A CRIME TO COMPLETE THIS FORM WITH INFORMATION WHICH I KNOW IS FALSE.

PARTICIPANT SIGNATURE X DATE