Construction & Metal Trades Divisions

The Steamfitters' Industry Fund Office

27-08 40th Avenue, 2nd Floor
Long Island City, NY 11101-3725
(212) 465-8888
www.steamfitters.com
FundOffice@steamny.com

# *STEAMFITTERS' WELFARE FUND*
# HEALTH INSURANCE ENROLLMENT FORM

**Report any change in this information to the Fund Office *IMMEDIATELY.***
**This Information Supersedes All Information Now on File.**

Book Number _____ Social Security Number _____

Name _____ Date of Birth _____

Address _____ Apt. # _____

_____ _____ _____
City State Zip

_____ _____ _____
Home Telephone Mobile E-mail

Check One (√) ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Legally Separated

**All fields in this section are optional, answering these questions is your choice.**
**You can't be denied coverage because you don't fill them out.**

**Are you Hispanic, Latino/a or Spanish origin? Select all that apply.**

☐ No, not of Hispanic, Latino/a, or Spanish origin
☐ Yes, Puerto Rican
☐ Yes, another Hispanic, Latino/a, or Spanish origin
☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Cuban
☐ **I choose not to answer**

**What's your race? Select all that apply.**

☐ American Indian or Alaska Native
☐ Asian Indian
☐ Black or African American
☐ Chinese
☐ Filipino
☐ Guamanian or Chamorro
☐ Japanese
☐ Korean
☐ Native Hawaiian
☐ Other Asian
☐ Other Pacific islander
☐ Samoan
☐ Vietnamese
☐ White
☐ **I choose not to answer**

**Certification.** I understand that if I improperly enroll any dependent for coverage under the Fund or fail to timely notify the Fund if a dependent becomes ineligible for coverage, via divorce, etc, I will be responsible for all costs incurred by the Welfare Fund, for any claims or premiums paid for the ineligible individual and I am aware I may also have my and my dependents coverage suspended and/or terminated.

_____ _____
Participant Signature Date

- WHEN ADDING A DEPENDENT (CHILD OR SPOUSE), PLEASE ATTACH A COPY OF THE STATE ISSUED BIRTH CERTIFICATE OR MARRIAGE CERTIFICATE TO THE CENSUS CARD.
- YOU MUST INCLUDE A COPY OF YOUR SOCIAL SECURITY CARD AS WELL AS YOUR ELIGIBLE DEPENDENTS SOCIAL SECURITY CARDS. MEMBERS AND DEPENDENTS WITHOUT A SOCIAL SECURITY CARD ON FILE CANNOT BE ENROLLED.
- IF YOU HAVE BECOME DIVORCED OR LEGALLY SEPARATED, YOU MUST ATTACH A COMPLETE COPY OF THE DIVORCE OR LEGAL SEPARATION DOCUMENTS TO THE CENSUS CARD.

## LIST BELOW NAMES OF SPOUSE AND DEPENDENT CHILDREN

| NAME<br>INSERT SPOUSE FIRST<br>THEN LEGAL DEPENDENTS | SOCIAL SECURITY NUMBER<br>(Copy of Social Security Card Required) | CHECK (X) RELATION | | | | DATE OF BIRTH | | |
|---|---|---|---|---|---|---|---|---|
| | | Spouse | Son | Daughter | Other | Month | Day | Year |
| | ___-___-____ | | | | | | | |
| | ___-___-____ | | | | | | | |
| | ___-___-____ | | | | | | | |
| | ___-___-____ | | | | | | | |
| | ___-___-____ | | | | | | | |
| | ___-___-____ | | | | | | | |