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 phone 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, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, another Hispanic, Latino/a, or Spanish origin
☐ **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 INSERT SPOUSE FIRST THEN LEGAL DEPENDENTS	SOCIAL SECURITY NUMBER (Copy of Social Security Card Required)	CHECK (X) RELATION				DATE OF BIRTH		
		Spouse	Son	Daughter	Other	Month	Day	Year
	___-___-____							
	___-___-____							
	___-___-____							
	___-___-____							
	___-___-____							
	___-___-____							