Construction & Metal Trades Divisions





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STEAMFITTERS' WELFARE FUND HEALTH INSURANCE ENROLLMENT FORM

Report any change in this information to the Fund Office <u>IMMEDIATELY.</u>
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, 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 Norean Native Hawaiian Other Asian Other Pacific islander Samoan Vietnamese White I choose not to answer										
notify the Fund	if a dependent b Welfare Fund, fo	ecomes inelig r any claims o	ible for coverage	, via divorce, etc, or the ineligible in	under the Fund or fail to timely I will be responsible for all costs dividual and I am aware I may					
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- 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 <u>MUST</u> 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 <u>CANNOT</u> 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	SOCIAL SECURITY NUMBER	(DATE OF BIRTH										
THEN LEGAL DEPENDENTS	(Copy of Social Security Card Required)		Son	Daughter	Other	Month	Day	Year					