



**METAL TRADES WELFARE FUND
INSURANCE CENSUS INFORMATION**

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

Book Number _____

Social Security Number _____
(PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD)

Name _____

Address _____

City

State

Zip

Home Telephone

Mobile

E-mail

Date of Birth _____

Check One (✓)

Married Single Widowed Divorced Legally Separated

**YOU MUST COMPLETE THE REVERSE SIDE IF YOU WANT YOUR
DEPENDENTS TO BE COVERED IN THE WELFARE FUND**

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