



**STEAMFITTERS' 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

