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

Date

METAL TRADES 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 phone	Mobile	E-mail						
Check One ($$) \square Married \square 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								
Certification. I understand that if I improperly a notify the Fund if a dependent becomes ineligincurred by the Welfare Fund, for any claims of also have my and my dependents coverage s	gible for coverage, via divorce, etc, or premiums paid for the ineligible in	I will be responsible for all costs						

Participant Signature

- WHEN ADDING A DEPENDENT (CHILD OR SPOUSE), PLEASE ATTACH A COPY OF THE STATE ISSUED BIRTH CERTIFICATE OR MARRIAGE CERTIFICATE TO THE CENSUS CARD.
- SOCIAL SECURITY CARDS. MEMBERS AND DEPENDENTS WITHOUT A SOCIAL SECURITY CARD ON FILE CANNOT YOU MUST INCLUDE A COPY OF YOUR SOCIAL SECURITY CARD AS WELL AS YOUR ELIGIBLE DEPENDENTS 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

CHECK (X) RELATION DATE OF BIRTH	Spouse Son Daughter Other Month Day Year			
and with Affairant 141002	SOCIAL SECURITY NUMBER (Copy of Social Security Card Required)			
NAME	INSERT SPOUSE FIRST THEN LEGAL DEPENDENTS			