

Sheet Metal Workers' Local Union No. 73 Welfare Fund

BENEFITS ENROLLMENT FORM

PLEASE PRINT ALL INFORMATION.

LAST NAME		FIRST NAME			MIDDLE NAME	
STREET ADDRESS		CITY, STATE, ZIP CODE			TELEPHONE (HOME/CELL) () ()	
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	DATE OF BIRTH			MARRIED	SINGLE
		MONTH	DAY	YEAR		

1. List the name(s) of your spouse and all qualifying dependent children. This may include:
 - a) Natural born Children as of the date of birth until each child's 26th birthday;
 - b) Adopted children (determined as of the time of placement);
 - c) Stepchildren who may depend on you for support and live with you in a regular parent-child relationship;
 - d) Foster children placed with you by an authorized agency or by court order, judgement or decree;
 - e) Children for whom you or your covered spouse are required to provide medical coverage under a QMSCO and;
 - f) Any age, if mentally or physically handicapped.
2. List their names in order of age – eldest first.
3. If additional space is needed, please use a separate piece of paper.

NAMES (FIRST AND LAST)	SOCIAL SECURITY NO.	DATE OF BIRTH			INDICATE RELATIONSHIP TO YOU
		MONTH	DAY	YEAR	
SPOUSE					
DEPENDENT					
DEPENDENT					
DEPENDENT					
DEPENDENT					
DEPENDENT					
DEPENDENT					

4. The Fund Office requires a copy of both the member's and spouse's birth certificates.
5. If you are married, submit a copy of your marriage certificate.
6. If you have dependent children, submit a copy of each child's birth certificate.
7. For an adopted child: you must send a copy of the birth certificate and adoption papers to the Fund Office.
8. For stepchildren; you must send the stepchild's birth certificate and court decree (Qualified Medical Child Support Order) to the Fund Office.
9. Member's Drivers' License is required.
10. Eligibility is based on the terms of the Plan. Coverage will only be provided after you submit all information required by the Fund Office.

DATE SIGNED

SIGNATURE