



ENROLLMENT FORM

Part 1 Participant Information

PARTICIPANT NAME	First Name		Middle Initial	Last Name	
	PARTICIPANT ID		OR	Social Security Number XXX-XX-XXXX (Only last four digits required)	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH	mm/dd/yyyy / /	LOCAL UNION NUMBER
ADDRESS	Street		City	State	ZIP Code
PHONE NUMBER	() -		EMAIL		

Part 2 Dependent Information

PLEASE ONLY LIST DEPENDENTS THAT YOU WISH TO ENROLL. DEPENDENTS THAT ARE CURRENTLY ENROLLED DO NOT NEED TO BE LISTED.

DEPENDENT	NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Spouse or Domestic Partner <input type="checkbox"/> Male <input type="checkbox"/> Female		mm/dd/yyyy / /	XXX-XX-XXXX - -
Required documents: Spouse: Filed and recorded original marriage certificate. Domestic Partner: State filed domestic partnership certificate and Form W-4.			
Child <input type="checkbox"/> Male <input type="checkbox"/> Female		mm/dd/yyyy / /	XXX-XX-XXXX - -
Child <input type="checkbox"/> Male <input type="checkbox"/> Female		mm/dd/yyyy / /	XXX-XX-XXXX - -
Child <input type="checkbox"/> Male <input type="checkbox"/> Female		mm/dd/yyyy / /	XXX-XX-XXXX - -
Required documents: Child: Filed and recorded original birth certificate or filed final adoption order.			

Part 3 Participant's Authorization

I AUTHORIZE THE FUND OFFICE TO EXECUTE MY DIRECTIONS AS SET FORTH ABOVE.

I understand that:

- Original State or County Filed Marriage Certificate of Original State Filed Domestic Partnership Certificate is required to enroll your spouse or domestic partner. Original State or County filed Birth Certificate is required to enroll your dependent child.
- Address will be updated with this form, if it is different from what is on file.
- Dependents may be disenrolled with a Disenrollment Form.

PARTICIPANT SIGNATURE Required X	PRINT NAME	DATE
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