



ENROLLMENT FORM

PART 1—PARTICIPANT INFORMATION

Participant Name _____ Date of Birth _____ Local Union Number _____

Social Security Number (full SSN required) _____ OR IPE T50 _____
 Blue Shield ID No. _____

Address _____

Male Female _____

Phone Number _____ Email Address _____

PART 2—DEPENDENT INFORMATION

Only list dependents whom you wish to enroll. Dependents who are already enrolled need not be listed. Dependents may be disenrolled using a Disenrollment Form available from the Fund Office. **Original documents will be returned via certified mail.**

Spouse or Domestic Partner:

Required Documents: Original government-issued (a) marriage certificate or (b) domestic partnership certificate and IRS W-4 form (because domestic partner benefits are taxable).

Male Female _____

Name (first, middle, last) _____

Date of Birth _____ Social Security Number _____

Child(ren)

Required Documents: Original government-issued birth certificate or final adoption order. Stepchildren are not eligible.

Male Female _____

Name (first, middle, last) _____

Date of Birth _____ Social Security Number _____

Male Female _____

Name (first, middle, last) _____

Date of Birth _____ Social Security Number _____

Male Female _____

Name (first, middle, last) _____

Date of Birth _____ Social Security Number _____

Check here and attach a separate page to enroll more children.

PART 3—PARTICIPANT AUTHORIZATION

I understand that my address in Fund Office records will be updated based on this form if it differs from what is on file. I authorize the Fund Office to execute my directions as set forth above.

X _____
 Participant Signature _____ Date _____