

ENROLLMENT FORM

IUPAT District Council #51 Health & Welfare Fund

Last: First: Middle: Suffix:

Address 1:

Address 2:

City: State: Zip Code:

Name of Home Local Union: Local Union #:

Home Phone: Alternate Number:

Social Security Number: --

Date of Birth: -- Sex: Male Female

Marital Status: (Check One) Married Single Divorced Legally Separated Widowed

OTHER COVERAGE

Do you or any of your dependents have additional health coverage? YES NO

If "YES", what type of coverage? Individual Group

Name of the Insured:

Name of Insurance Carrier:

Telephone Number for Verification of Benefits:

Policy Number: Group Number:

I certify all information provided true and correct.

Participant's Signature _____ Date _____

DEPENDENT ENROLLMENT

Last: First: Middle: Suffix:

Social Security Number: --

Date of Birth: -- Sex: Male Female

Relationship to Participant: (Select One) Spouse (submit copy of marriage certificate) Biological Child (submit copy of birth certificate) Step-child (submit copy of birth certificate)

Other: (Please explain) _____

Marital Status: (Check One) Married Single

Does this dependent reside outside your household? YES NO

If yes, please indicate the address: _____

Last: First: Middle: Suffix:

Social Security Number: --

Date of Birth: -- Sex: Male Female

Relationship to Participant: (Select One) Spouse (submit copy of marriage certificate) Biological Child (submit copy of birth certificate) Step-child (submit copy of birth certificate)

Other: (Please explain) _____

Marital Status: (Check One) Married Single

Does this dependent reside outside your household? YES NO

Last: First: Middle: Suffix:

Social Security Number: - -

Date of Birth: - - Sex: Male Female

Relationship to Participant: Spouse (submit copy of marriage certificate) Biological Child (submit copy of birth certificate) Step-child (submit copy of birth certificate)
(Select One)

Other: (Please explain) _____

Marital Status: (Check One) Married Single

Does this dependent reside outside your household? YES NO

If yes, please indicate the address: _____

Last: First: Middle: Suffix:

Social Security Number: - -

Date of Birth: - - Sex: Male Female

Relationship to Participant: Spouse (submit copy of marriage certificate) Biological Child (submit copy of birth certificate) Step-child (submit copy of birth certificate)
(Select One)

Other: (Please explain) _____

Marital Status: (Check One) Married Single

Does this dependent reside outside your household? YES NO

If yes, please indicate the address: _____

Last: First: Middle: Suffix:

Social Security Number: - -

Date of Birth: - - Sex: Male Female

Relationship to Participant: Spouse (submit copy of marriage certificate) Biological Child (submit copy of birth certificate) Step-child (submit copy of birth certificate)
(Select One)

Other: (Please explain) _____

Marital Status: (Check One) Married Single

Does this dependent reside outside your household? YES NO

If yes, please indicate the address: _____

Last: First: Middle: Suffix:

Social Security Number: - -

Date of Birth: - - Sex: Male Female

Relationship to Participant: Spouse (submit copy of marriage certificate) Biological Child (submit copy of birth certificate) Step-child (submit copy of birth certificate)
(Select One)

Other: (Please explain) _____

Marital Status: (Check One) Married Single

Does this dependent reside outside your household? YES NO

If yes, please indicate the address: _____