ENROLLMENT FORM

SECTION 1 – Must be Completed in Full (Members Information Only in Section 1)

MAIL TO: **Sheet Metal Workers Local #218 H&W Fund**
2855 Via Verde, Springfield, IL 62703

LAST NAME	FIRST NAME IN FULL	MIDDLE NAME IN FULL

DATE OF BIRTH Month Day Year	Current Local Union No.	SEX MALE ☐ FEMALE ☐	SOCIAL SECURITY NUMBER ☐☐☐-☐☐-☐☐☐☐

HOME ADDRESS	CITY ____ STATE ____ ZIP + 4 ☐☐☐☐☐-☐☐☐☐	TELEPHONE NUMBER AREA ( )

SECTION 2 – MUST BE COMPLETED FOR WELFARE COVERAGE

CHECK ONE ⇨	SINGLE: ☐	MARRIED: ☐ REMARRIED: ☐ DATE OF MARRIAGE: ____	WIDOW: ☐ WIDOWER: ☐	SEPARATED: ☐	DIVORCED: ☐ DATE OF DIVORCE: ____

PRINT THE NAMES OF ALL ELIGIBLE DEPENDENTS BELOW YOU WISH TO ENROLL

PLEASE LIST ALL DEPENDENTS INCLUDING SPOUSE, CHILDREN, STEPCHILDREN, ETC. ***MARRIAGE LICENSE/BIRTH CERTIFICATES MUST BE ATTACHED FOR ALL DEPENDENTS BELOW. In the event of enrolling a stepchild, the divorce decree of the natural parents must be attached.***	BIRTH DATE			RELATIONSHIP (DAUGHTER, SON, SPOUSE)
	MONTH	DATE	YEAR	
NAME SOCIAL SECURITY # ☐☐☐-☐☐-☐☐☐☐				
NAME SOCIAL SECURITY # ☐☐☐-☐☐-☐☐☐☐				
NAME SOCIAL SECURITY # ☐☐☐-☐☐-☐☐☐☐				
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NAME SOCIAL SECURITY # ☐☐☐-☐☐-☐☐☐☐				
NAME SOCIAL SECURITY # ☐☐☐-☐☐-☐☐☐☐				

SECTION 3 – NAMED BENEFICIARY(IES) – LIFE INSURANCE

LAST NAME	FIRST NAME IN FULL	MIDDLE NAME IN FULL	SOCIAL SECURITY #
			☐☐☐-☐☐-☐☐☐☐
			☐☐☐-☐☐-☐☐☐☐

I CERTIFY THAT ALL INFORMATION IS CORRECT AND UNDERSTAND IT IS A CRIME TO COMPLETE THIS FORM WITH INFORMATION WHICH I KNOW IS FALSE.

PARTICIPANT SIGNATURE X______________________________ DATE______________