

## Tuckpointers Local 52 Health & Welfare

660 Industrial Dr. Suite 201 Elmhurst, Illinois 60126  
(630) 516-8008

## Enrollment Form

FORM MUST BE ON FILE FOR BENEFITS

### Member Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Does your spouse carry group insurance through an employer? If so, give employer's name and address

\_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### Full Name of Eligible Dependents (Required)

### Birth Date of Dependents

### Social Security Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Death Benefits to be Paid to:

Full Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_

Residence of Beneficiary

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*\*If Married, send a certified copy of your Marriage Certificate. For Dependents, send a certified copy of their Birth Certificates and a copy of their Social Security Card.**

Member Signature

Date

\_\_\_\_\_

\_\_\_\_\_