

RETURN THIS CARD TO: **Plumbers and Steamfitters Local #6 Health & Welfare Fund**



c/o Zenith Administrators

PO BOX 26 MINNEAPOLIS MN 55440-0026

Last Name			First Name in Full			Middle Name in Full			
Home Address				City		State		Zip Code	
Social Security Number			Local Union Number		Telephone Number			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth			CURRENT MARITAL STATUS				Date of Hire		
Month	Day	Year	<input type="checkbox"/> Single		<input type="checkbox"/> Widower (date: _____)		Month	Day	Year
			<input type="checkbox"/> Married (date: _____)		<input type="checkbox"/> Separated				
			<input type="checkbox"/> Widow (date: _____)		<input type="checkbox"/> Divorced (date: _____)				
Life Insurance Beneficiary: (Full Name)					Date of Birth		Relationship		
Address of Beneficiary				City		State		Zip Code	
Member Signature - In Full						Date Card Signed			

PLEASE PRINT ALL INFORMATION AND BE SURE TO LIST SPOUSE AND DEPENDENTS ON BACK OF CARD

PRINT NAME OF EACH DEPENDENT BELOW. Dependents who may be included in this application are Spouse and all unmarried Children under 19 years of age and Children to 25 years of age if attending school full-time. All eligible dependents must be listed. You must submit copies of your marriage certificate to add your spouse and copies of birth certificates to add dependent children. Step children are not eligible for coverage under the plan. Please fill in social security numbers for all listed dependents. Please use additional cards if needed.

FULL NAMES OF ELIGIBLE DEPENDENTS (Do not repeat your name below)	Social Security Number	BIRTHDATE			RELATIONSHIP		
		Month	Day	Year	Spouse	Son	Dgtr.

Covered by other insurance? Yes No Family or Individual Name of Policy Holder _____

Name of Insurance Company _____ Insurance Company Phone Number _____