

Phone# \_\_\_\_\_

Cell# \_\_\_\_\_

**Operating Engineers Local 148 Health & Welfare Fund**

11000 Lin Valle Drive  
St. Louis, MO 63123

<b>For Fund Office Use Only:</b>
Effective Date: _____

Enrollment Update 2014

**PARTICIPANT INFORMATION**

Participant's Name (Last)		(First)		(Middle)	
Home Address: (Number/Street)		(City)		(State) (Zip Code)	
Social Security Number	Date of Birth	Sex	Marital Status		
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
Employer Name			Date of Hire		
Are you or any of your dependents covered under any other Group Medical or Dental Plan or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, Person(s) Covered: _____					
Names of other Group Medical and/or Dental Plan(s): _____					
Address: _____					
Effective Date of other Group Medical Plan(s): _____			Group Number: _____		

I hereby designate \_\_\_\_\_ (Name), \_\_\_\_\_ (Relationship), as the beneficiary whom shall be paid any benefit to which I may be entitled at the time of my death. This is in lieu of any former such designation by me made.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Participant's Signature \_\_\_\_\_

Witness \_\_\_\_\_

**DEPENDENT COVERAGE**

Do you have eligible Dependent Children?  Yes  No

List your eligible dependents; spouse, eligible children

Dependent Name			Date of Birth	Relationship to Employee	Sex	Social Security #	Address if Different From Employee's
(Last)	(First)	(MI)					

I certify that the above information is true, factual and complete. I certify that all the dependents I have listed above are eligible dependents under the terms of the plan and are eligible to be claimed by me as a dependent for Federal Income Tax purposes.

I understand that falsification of this document may result in loss of coverage.

Participant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_