FOX VALLEY & VICINITY
CONSTRUCTION WORKERS
WELFARE & PENSION FUNDS

ENROLLMENT FORM

SECTION 1 - Must Be Completed in Full (Members Information Only In Section 1)

PLEASE PRINT

MAIL TO →

FOX VALLEY & VICINTY CONSTRUCTION WORKERS WELFARE & PENSION FUNDS
P. O. BOX 214
GENEVA, IL 60134-0214

LAST NAME	FIRST NAME IN FULL	MIDDLE NAME IN FULL

DATE OF BIRTH Month Day Year	SEX Male ☐ Female ☐	SOCIAL SECURITY NUMBER ☐☐☐ – ☐☐ – ☐☐☐☐

HOME ADDRESS	CITY STATE ZIP + 4 ☐☐☐☐☐ – ☐☐☐☐	TELEPHONE NUMBER area ( )

Trade	Current Local Union No.	Union Located in - City, State	Continuous Member Since (Date)
	Originating Local Union No.	Union Located in - City, State	Date of Initiation Month/Year

PARTICIPANT SIGNATURE _____ DATE _____

SECTION 2 — Must Be Completed for Welfare Coverage

CHECK ONE →	SINGLE ☐	MARRIED ☐ REMARRIED ☐	WIDOW ☐ WIDOWER ☐	SEPARATED ☐	DIVORCED ☐

PRINT NAMES OF ALL ELIGIBLE DEPENDENTS BELOW

ELIGIBLE DEPENDENTS (DO NOT REPEAT YOURSELF)	BIRTH DATE Month	Day	Year	Relationship (check one) Spouse	Son	Daugh.	STEP CHILD Son	Daugh.
NAME SOCIAL SECURITY NUMBER ☐☐☐ – ☐☐ – ☐☐☐☐								
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