

ENROLLMENT FORM



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

MAIL
TO →

LAKE COUNTY PLASTERERS AND
CEMENT MASONS WELFARE &
PENSION FUNDS, LOCAL 362
P. O. BOX 103, GENEVA, IL 60134-0103

PLEASE PRINT

LAST NAME		FIRST NAME IN FULL			MIDDLE NAME IN FULL		
DATE OF BIRTH Month Day Year			SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"><input type="text"/><input type="text"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></input></input>		
HOME ADDRESS		CITY		STATE		TELEPHONE NUMBER area ()	
		ZIP + 4		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"><input type="text"/></input></input>			
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 <input type="checkbox"/>	MARRIED <input type="checkbox"/> REMARRIED <input type="checkbox"/>	WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
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PRINT NAMES OF ALL ELIGIBLE DEPENDENTS BELOW

ELIGIBLE DEPENDENTS (DO NOT REPEAT YOURSELF)	BIRTH DATE			Relationship (check one)				
	Month	Day	Year	Spouse	Son	Daugh.	STEP CHILD	
							Son Daugh.	
NAME								
SOCIAL SECURITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"><input type="text"/><input type="text"><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></input></input>							
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