

ENROLLMENT FORM

Heavy and General Laborers' Funds of New Jersey Local 472 • Local 172

700 Raymond Boulevard • Newark NJ 07105 • Phone: 973-589-5050 • Fax: 973-589-1180

Member's Social Security Number: _____

Member Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Date of Birth: ____/____/____

Email Address: _____

Union Local No: _____ Union Book No: _____ Union Admission Date: ____/____/____

Marital Status (Check One): Single Married/Civil Union Date of Marriage/Union: ____/____/____

Widowed Divorced Date of Divorce: ____/____/____

MEMBER'S SPOUSE INFORMATION (COPY OF MARRIAGE CERTIFICATE MUST BE ATTACHED)

Spouse's Name: _____

Social Security Number: _____ Date of Birth: ____/____/____

MEMBER'S DEPENDENT CHILDREN (COPY OF BIRTH CERTIFICATE MUST BE ATTACHED)

Name: _____ SSN: _____ Date of Birth: ____/____/____ Male Female

Name: _____ SSN: _____ Date of Birth: ____/____/____ Male Female

Name: _____ SSN: _____ Date of Birth: ____/____/____ Male Female

Name: _____ SSN: _____ Date of Birth: ____/____/____ Male Female

Name: _____ SSN: _____ Date of Birth: ____/____/____ Male Female

Name: _____ SSN: _____ Date of Birth: ____/____/____ Male Female

DENTAL AND OPTICAL BENEFIT OPT OUT OPTION

I wish to decline the following benefits for myself and any dependents: Dental Optical

I understand if I decline Dental and/or Optical benefits, should I wish to reenroll in these benefits, I may do so by completing an enrollment form and benefits will be effective the first of the month following the date the Fund Office receives the completed form.

Member's Signature: _____ Date: _____