

PLACE
STAMP
HERE

PLUMBERS AND PIPEFITTERS MEDICAL FUND

7130 COLUMBIA GATEWAY DRIVE, SUITE A
COLUMBIA, MD 21046

PLUMBERS AND PIPEFITTERS MEDICAL FUND ENROLLMENT CARD

| | | | | | |
|--|----------------|------------|----------|-----------------|--|
| E M P L O Y E | | | | SOC. SEC. NO. | LOCAL NO. |
| | LAST NAME | FIRST NAME | INITIAL | RESIDENCE PHONE | DATE OF BIRTH |
| | STREET ADDRESS | | APT. NO. | MARITAL STATUS | |
| | CITY | | STATE | ZIP | <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER _____ |

| D E P E N D E N T S | NAME | SOC. SEC. NO. | RELATIONSHIP | DATE OF BIRTH |
|--|------|---------------|--------------|---------------|
| | | | | |
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| | | | | |
| | | | | |

Name and Address of Spouse's Employer _____

Name of Other Group Health Coverage _____

BENEFICIARY DESIGNATION

Show full name and relationship of person to whom benefits will be paid in the event of your death.

DATE _____

SIGNATURE _____