

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 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	

Name and Address of Spouse's Employer \_\_\_\_\_

Name of Other Group Health Coverage \_\_\_\_\_

BENEFICIARY  
DESIGNATIONShow full name and relationship of person to whom benefits will be paid in the event of your death.  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_