



## ENROLLMENT FORM

### Participant Information (Participants include Ironworkers, Retirees, Alternate Payees)

Legal Name: \_\_\_\_\_ Suffix (Jr., Sr.): \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Street Address & P.O. Box (if applicable) Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status (check one):     Single     Legally Married     Widower     Divorced     Separated

### Spouse Information (If Legally Married)

Legal Name: \_\_\_\_\_  
First M.I. Last

Gender: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Spouse Phone No.: \_\_\_\_\_

**Provide a copy of your marriage certificate and a copy of your spouse's signed Social Security Card along with this form.**

### Health Insurance

Complete the section below to add your spouse and/or child(ren) to your health insurance plan.

**Eligible dependents include:** Your **spouse** if legally married, your **children** under the age of 26. Submit a copy of the **birth certificate(s)** for each child to add them to the health insurance plan. Children include your natural children, legally-adopted, or step-children.

First Name	M.I.	Last Name	SSN	BIRTHDATE			GENDER		RELATIONSHIP	
				MM	DD	YYYY	M	F	SPOUSE	CHILD

### Signature

**Authorization:** I certify and warrant that all information listed above is true, correct, and current as of the date signed. I understand this information is being provided to Iron Workers District Council of Southern Ohio & Vicinity Benefit, Pension, and Annuity Trusts to determine benefits.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Local Union No.: \_\_\_\_\_

**Mail this original document (copies are not accepted) to the address at the top of page with the required documentation referenced above.**