CARPENTERS' LOCAL NO. 491 HEALTH AND WELFARE PLAN

911 Ridgebrook Road, Sparks, Maryland 21152

(888) 494-4443

Name of Employee

Last Name	First Name	MI	OFFICE USE ONLY	
			Effective	Terminated
Address		Local Union#	A.	
			B.	
City	State	9-digit Zip Code	C.	
Telephone:	Sex: M / F	Date Employed:	Date of Birth:	
Your Social Security No.	Company, Job Classification			

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Date of Marriage:

Coverage Desired: ☐ Individual ☐ Parent / Child ☐ Husband / Wife ☐ Family

Name of any other health insurance covering you, including Medicare

Name of Insured: Type of Insurance

Policy #: Name of Insurance: Employer:

Name of any other health insurance covering your dependent(s), including Medicare

Name of Insured: Type of Insurance

Policy #: Name of Insurance: Employer:

Death Benefits to be paid to (Name / Relationship):

Beneficiary's Address:

Date Signed Signature

PLEASE READ BOTH SIDES OF THIS FORM CAREFULLY

I hereby apply for participation in the Carpenters' Local No. 491 Health and Welfare Plan. I understand that this application is subject to my being employed by a Participating Employer and covered by a collective bargaining agreement with a Participating Union. I agree to follow the rules and regulations as determined by the Board of Trustees as communicated to me through the Carpenters' Local No. 491 Health and Welfare Fund Summary Plan Description or updates thereto.

I certify that I have carefully read both sides of the enrollment form and agree to the terms specified thereon. The foregoing statements are complete, true, and correctly recorded.

Date: ____________________ Signature (Please SIGN, DO NOT Print): ____

MAIL COMPLETED FORM TO:

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{OVER}

LIST NAMES OF YOUR ELIGIBLE DEPENDENTS

LIST NAME IN ORDER OF AGE - ELDEST FIRST	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO. * **REQUIRED**

A COPY OF YOUR MARRIAGE LICENSE AND/OR DEPENDENT'S BIRTH CERTIFICATE MUST BE INCLUDED WITH THIS APPLICATION

*** SOCIAL SECURITY NUMBERS ARE REQUIRED FOR ALL ELIGIBLE DEPENDENTS IN ORDER TO RECEIVE BENEFITS**

TW/bns 11.2011