School Cafeteria Employees UNITE/HERE Local No. 634
Health & Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
(833) 228-9212
www.associated-admin.com

ENROLLMENT FORM
(For Student Climate Staff)

Name of Employee

Last Name	First Name	Middle Initial	OFFICE USE ONLY Effective	Terminated
Street Address			A.	
			B.	
City	State	Zip Code	C.	

Telephone	Sex: M ☐ F ☐	Date Employed	Date of Birth

Your Social Security No.

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

DEPENDENTS – SPOUSE AND CHILDREN UP TO AGE 26 (FOR VISION, DENTAL & RX COVERAGE ONLY)

You must provide a copy of a Marriage Certificate for spouse and a Birth Certificate for each child to confirm Dependent Eligibility.

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

If you have additional Dependents, attach a separate list.

Please also complete the reverse side.

Continuation of Enrollment Form
Beneficiary Information
Please Print

Death Benefit Beneficiary (Give Full Name)	Sex M ☐ F ☐	Relationship
Street Address of Beneficiary	City	State
Beneficiary's Social Security No.	Date of Birth	Telephone/Cell Phone No.

If you have a change to family status or address change, you must complete a new Enrollment Form. Please call the Fund Office at (833) 228-9212 to request an Enrollment Form. Mail completed form to:

Fund Office
School Cafeteria Employees Local No. 634
Health & Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

DECLARATION: (You Must Sign and Date the Enrollment Form)

By signing this form, I represent that the information provided herein is accurate and complete. I agree to reimburse the Health & Welfare Fund the cost of benefits paid by the Fund as a result of any false information provided herein.

_____ _____

Employee Signature **Date**