



MEMBER ENROLLMENT FORM

2357 59th Street • St. Louis, MO 63110 • 314-644-2777

www.stllaborers.com • benefits@stllaborers.com

Member Information:

SSN#: _____ DOB: _____ Local #: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
(C) Phone: _____ (W) Phone: _____
Email: _____ Sex: F M
Marital Status: Single Married Separated Divorced

Spouse Information:

Name: _____
Date of Marriage: _____ Date of Birth: _____
SSN#: _____ Sex: F M
Email: _____
Do you live with the member? Yes No
Spouse's Address: _____
City: _____ State: _____ Zip: _____
(C) Phone: _____ (W) Phone: _____
Spouse's Employer: _____

Beneficiary:

Name: _____
Relationship: _____ % of Assigned Benefit: _____
Address: _____
City: _____ State: _____ Zip: _____
SSN#: _____ DOB: _____
(C) Phone: _____ (W) Phone: _____

Do you have other insurance coverage? Yes No
If so, please complete the following:
Name of Insured: _____
Name of Plan: _____ Phone: _____
Coverage Type: Single Family Effective: _____
 Medical Dental Vision Rx

This beneficiary designation applies to welfare (death), pension and vacation benefits, along with any Local Union death benefit unless you designate otherwise.

Dependent Information: Complete the following information on all children less than 26 years of age.

Name	Relationship	Date of Birth	SSN#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In order to activate coverage for any new eligible dependent you acquire, it is strongly recommended that you complete an enrollment form with respect to that new dependent and return it to the Benefit Office within 31 days after you acquire that dependent along with any required documentation. Coverage will be effective for that dependent retroactive to the date you acquired the new eligible dependent. You have 90 days after the birth of a child to provide a copy of the child's birth certificate. If you fail to submit a completed enrollment form or any required documentation other than a birth certificate within 31 days after you acquire a dependent or a birth certificate within 90 days after the birth of a child, coverage for that dependent will be effective the first of the month following receipt of the completed enrollment form, birth certificate or other required documentation, as applicable.

I/We certify the above information is true, complete and accurate to be best of my/our knowledge. I/We hereby authorize any physician, hospital, employer, insurance company, or other institution rendering care to furnish the Laborers' Welfare Fund with information regarding benefits to which I/We may be entitled. A photocopy of this authorization shall be considered as effective and valid as the original.

Member Signature: _____ Spouse Signature: _____ Date: _____