

FRINGE BENEFIT ENROLLMENT FORM
I.B.E.W. LOCAL UNION 163
 PRINT ALL INFORMATION

 Last Name First Name M.I. Social Security Number

 Home Address City State Zip

 Home Phone # Cell # E-mail Address
 Date of Birth Gender Status (Circle One): Single Married Divorced Widowed
 Date of Marriage

List Below Names of Your Spouse and All Dependent Children (up to age 26)

List Names in Order of Age – Oldest First	Social Security No.	Check Relationship			Month	Date of Birth	
		Spouse	Son	Daughter		Day	Year

Beneficiary Designations

I hereby authorize the payment of any death benefits as follows:

Primary

Contingent

Welfare Fund

_____ Name (Last, First, MI)	_____ Name (Last, First, MI)
_____ Address	_____ Address
_____ SSN	_____ Relationship
_____ SSN	_____ Relationship

Annuity Fund

_____ Name (Last, First, MI)	_____ Name (Last, First, MI)
_____ Address	_____ Address
_____ SSN	_____ Relationship
_____ SSN	_____ Relationship

 Signature of Employee Date

Spousal Consent

If you are married and you wish to name someone other than your spouse as the beneficiary to your pension or surety benefits, your spouse must consent to your designation by signing below in the presence of a Notary Public. YOUR BENEFICIARY DESIGNATION WILL NOT BE VALID UNLESS YOUR SPOUSE'S SIGNATURE IS NOTARIZED.

As the lawful spouse of the herein-named participant, I hereby certify that I agree with the pension and surety beneficiary designation(s) made above. I understand that by doing so, I waive any and all rights to my spouse's death benefits and authorize the Administrator of the IBEW Local Union 163's Funds to pay all death benefits to the above named beneficiary(ies).

NOTARY

State of _____)
) SS:
 County of _____)

 (Signature of Participant's Spouse)

Subscribed and Sworn to before me, this _____ day of _____, 20 _____.

 (Notary Public)

Dear Participant:

Please complete the Fringe Benefit Enrollment Form on the reverse side and return it to our office. This form must be signed and dated in order to be valid.

The following documentation is required to add/delete your eligible dependent(s).

All participants & dependents are required to provide a copy of their social security card.

Married- Please provide a copy of your state issued marriage certificate.

Children – Please provide a copy of each child’s state issued birth certificate.

Stepchildren, adopted children and foster children- Please provide a copy of each dependent’s state issued birth certificate along with applicable documentation (i.e. adoption papers, court documents, a copy of last year’s federal income tax return and a letter certifying that the other biological parent is not responsible for their coverage and that you will be claiming them as your dependent on your income tax return.)

Divorce – Please provide a copy of your divorce decree.

Should you have questions relative to completing this form or the documentation required, please feel free to contact our enrollment department at 1-800-792-3666 extension 6005.

The best way to send documents to our office is by sending us an email through our secure email server.

In order to use this system, simply click the link below:

mail2.ieshafter.com/securemail

From this site, click "To" to access the "Available Recipients" list and select the department that you need to contact. Please type in your message along with your contact information, and attach any documents that you want to send to us. Alternatively, you can mail items to us through the U.S. mail:

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