## BENEFIT ENROLLMENT FORM I.B.E.W. 94

PRINT ALL INFORMATION

Home Address  Home Phone #		First Name	First Name  City  Cell #		M.I. S			Social Security Number Zip			
		C									
		Ce			E-mail Address						
Date of Birth	Marital Status (Circle One	) Single	Single Married		Divorced Widowed			Date of Marriage:			
List Below Name	s of Your Spouse/Domestic Par	rtner and All De	ependent Ch	ildren (up t	to age 26)						
				Check Relationship			p	Date of Birth			
List Names in Order of Age – Oldest First		Social S	Social Security #		Domestic Partner	Son	Daughter	MM	DD	YYYY	
hereby authoriz	norize the payment of any death benefits as follows:  **Primary**			Contingent							
Welfare Fund	Name (Last, First, MI)			Name (Last, First, MI)							
	Address			Address					•		
	SSN	Relatio	onship	SSN				Relationship			
	Phone Number		Phone Number								
	Cignoti	re of Employee		_				40			

## Dear Participant:

Please complete the 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 for enrollment:

## All Participants & Dependents are required to provide copy of their social security card.

to add/delete your eligible dependent(s), please provide:

**Married** – copy of your state issued marriage certificate.

**Domestic Partners** – copy of your state issued domestic partnership (CDP) certificate.

**Children** – copy of each child's state issued birth certificate.

**Stepchildren, adopted children and foster children** – 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** –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.

Return completed form with documentation to:

I E Shaffer & Co PO Box 1028 Trenton NJ 08628