

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 98 BENEFIT FUNDS

TWO CENTER SQUARE, PO BOX 217, EAST LONGMEADOW, MA 01028
TELEPHONE: (413) 525-4221 FAX: (413) 525-7553

HEALTH & WELFARE FUND
PENSION FUND
ANNUITY FUND
J L M COOPERATIVE TRUST



MICHELLE SCHWEITZER
FUND ADMINISTRATOR

Benefit Enrollment (Change) Form

Please complete and return this form and all required documents to the Local 98 Fund Office. To add your spouse to the plan please provide a copy of your marriage certificate. To add any dependents to the plan, please provide copies of all birth certificates.

Your spouse and/or dependents will not be added to the plan until all required documents are received.

If not received by the Fund Office within **30 days of the qualifying event** (initial eligibility, marriage, birth, etc.) your spouse/dependents will have to wait until open enrollment to enroll in the plan.

Member Name: _____
Last Name First Name Middle Initial

Address: _____
Street

City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Sec #: _____ Date of Birth: _____

Marital Status (Single / Married / Divorced) : _____

Spouse Name: _____ Date of Marriage: _____

Spouse Date of Birth: _____ Spouse Social Sec #: _____

Dependents: (Legal, adopted, foster and step children under the age of 26 years.)

Name	Relationship	Date of Birth	Social Sec #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Member Signature: _____ Date: _____