

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 98 BENEFIT FUNDS

40 Hudson Drive, P.O. Box 1290 - Southwick, MA 01077
Telephone: (413) 998-3230 Fax: (413) 998-3249

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



Kara A. Richotte
FUND ADMINISTRATOR

Benefit Enrollment (Change) Form

Please complete and return this form to the Local 98 Benefit Office.

If not received by the Benefit Office within **30 days** of the qualifying event (marriage, birth, etc.) you will have to wait until the open enrollment date to enroll any dependent(s) in the plan. **(Open enrollment is January 1 - January 31)**

In order to add, your spouse and/or dependents to the plan, we must have copies of all birth certificates. If you are married, we will also need a copy of your marriage certificate. Your spouse and/or dependents will not be added to the plan until all required documents are received.

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 #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Member Signature: _____ Date: _____