

# 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 Form

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

If not received by the Benefit Office within **35 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.

Participant 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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_