



# ENROLLMENT FORM

## PART 1—PARTICIPANT INFORMATION

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Local Union Number \_\_\_\_\_

Social Security Number (full SSN required) \_\_\_\_\_ **OR** IPE T50 \_\_\_\_\_  
 Blue Shield ID No. \_\_\_\_\_

Address \_\_\_\_\_

Male  Female \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## PART 2—DEPENDENT INFORMATION

Only list dependents whom you wish to enroll. Dependents who are already enrolled need not be listed. Dependents may be disenrolled using a Disenrollment Form available from the Fund Office. **Original documents will be returned via certified mail.**

**Spouse or Domestic Partner:**

Required Documents: Original government-issued (a) marriage certificate or (b) domestic partnership certificate and IRS W-4 form (because domestic partner benefits are taxable).

Male  Female \_\_\_\_\_  
 Name (first, middle, last) \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Child(ren)**

Required Documents: Original government-issued birth certificate or final adoption order. Stepchildren are not eligible.

Male  Female \_\_\_\_\_  
 Name (first, middle, last) \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Male  Female \_\_\_\_\_  
 Name (first, middle, last) \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Male  Female \_\_\_\_\_  
 Name (first, middle, last) \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Check here and attach a separate page to enroll more children.

## PART 3—PARTICIPANT AUTHORIZATION

I understand that my address in Fund Office records will be updated based on this form if it differs from what is on file. I authorize the Fund Office to execute my directions as set forth above.

X \_\_\_\_\_  
 Participant Signature \_\_\_\_\_ Date \_\_\_\_\_