

NECA – IBEW LOCAL UNION NO. 364 HEALTH & WELFARE FUND

PARTICIPANT DATA INFORMATION

Last Name	First Name	MI
Home Address	City & State	Zip Code
Member ID or SS#	Date of Birth	
Local Union	Date Initiated	
STATUS: (Check One) Single Married _____	Divorced _____	Separated _____
	Date	Date

PRINT NAME OF EACH DEPENDENT BELOW: Dependents who may be included in this application are Spouse and all unmarried Children under 26 years of age. All eligible dependents must be listed.

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend dependent child coverage up to age 26. Dependents qualify whether they are married or unmarried. However, if your dependent has another offer of employer-based coverage (such as through his or her job) they are not eligible to enroll under this Plan

PRINT FIRST NAME (IN FULL) & MIDDLE INITIAL, INCLUDE CHILD’S LAST NAME (IF DIFFERENT) & RELATIONSHIP

FULL NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	SEX MALE / FEMALE	DATE OF BIRTH

BENEFICIARY – Death Benefits to be paid to:

Last Name	First Name	MI
Address of Beneficiary	City & State	Zip Code
Social Security # of Beneficiary	Relationship of Beneficiary	

Participants Signature (In Full)

Date

Return to:
NECA-IBEW Local 364 Health & Welfare Fund
6525 Centurion Drive, Lansing MI 48917