Eighth District Electrical Fringe Benefit Funds

ENROLLMENT FORM (ACTIVE PLAN)

CHECK ALL THAT APPLY: ☐ **New Enrollment** ☐ **Adding Dependents** ☐ **Plan Change** ☐ **Address Change**

EMPLOYEE'S FULL LEGAL NAME: _____ SSN: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ DATE OF BIRTH: _____ GENDER: (Mark One) Male ____ Female ____

PHONE NUMBER: (_____) _____ EMAIL: _____

EMPLOYER: _____ DATE OF HIRE: _____ LOCAL UNION # _____

MEDICAL PLAN (Provided By):	**DENTAL (Provided By):**	**PRESCRIPTION (Provided By):**
CIGNA	**ANTHEM DENTAL**	**SAV-RX**

NOTE: IF YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDENTS ARE ON MEDICARE, PLEASE INCLUDE A COPY OF YOUR MEDICARE CARD.

DEPENDENTS - (Including Spouse)

YOU MUST ATTACH LEGAL DOCUMENTATION THAT APPLIES TO ADD YOUR DEPENDENTS:

Birth Certificate(s) for children, Marriage Certificate for spouse, Legal Adoption papers, Legal Guardianship papers

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SSN	GENDER

I agree to notify the Fund Office within 30 days of any changes to the above information. Further, I declare all the above information to be complete and correct. I understand that stating false or misleading information or the omission of material information could be grounds for denial of benefits.

MEMBER SIGNATURE: _____ **DATE:** _____

Physical Address: 4704 Harlan Street, Suite 104 • Denver, CO 80212
Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107
Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130
Toll Free: 844-989-2321
www.8thDistrictBenefits.org

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