



IBEW Trust Funds
3660 Stutz Drive
Suite 101
Canfield, Ohio 44406
(330) 779-8866
www.ibew306benefits.org

VITAL INFORMATION FORM

Last: _____ First: _____ Middle: _____

Address/City/State/Zip: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____ Gender :(circle one) Male Female

Marital Status: (circle one) Single Married Divorced Separated Widowed

Part 6: Summary Diagrams (Continued)

Current Status (in days) Action Rating D1111 COBRA

Email Address: _____

Employer _____ Date of Hire: _____

DEPENDENTS: - Include Spouse (If additional space is needed, please use second sheet)

DEPENDENTS: - Include Spouse

(If additional space is needed, please use second sheet)

FULL NAME

Date of Hire: _____

SPOUSE - When adding a new spouse to your policy a copy of your marriage certificate is required before coverage will be activated.

CHILDREN - When adding eligible dependents to your policy a copy of each child's birth certificate is required before coverage will be activated.

STEPCHILDREN - Please be advised stepchildren are not automatically eligible dependents. If you are 100% responsible for the stepchildren, and their non-custodial parent has relinquished all legal claims and rights to said children, please forward the child's birth certificate and the legal documents to the Benefit Office for review.

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