

Southern Nevada Painters and Glaziers Trust Funds

Glazing Health and Welfare Trust • Southern Nevada and California Glaziers, Fabricators, Painters and Floorcoverers Pension Trust Fund • Southern Nevada Painters, Decorators and Glaziers LMCC Trust

ENROLLMENT FORM (GLAZIER)

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

EMPLOYEE'S FULL NAME: _____ SSN: _____

ADDRESS: _____ CITY: _____

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

PHONE NUMBER: (_____) _____ EMAIL: _____

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|---|--|---|
| <u>MEDICAL & RX PLAN:</u> HEALTH PLAN OF NEVADA – POINT OF SERVICE PLAN | <u>DENTAL PLAN: (CHOOSE ONE)</u> <input type="checkbox"/> LIBERTY DENTAL PLAN (HMO) <input type="checkbox"/> DELTA DENTAL (PPO) | <u>VISION PLAN:</u> VISION SERVICE PLAN (VSP) |
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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

| FULL NAME | SSN | DATE OF BIRTH | GENDER | RELATIONSHIP |
|-----------|-----|------------------|--------|--------------|
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I agree to notify the Trust 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:** _____