

THIS CARD MUST BE FILLED OUT COMPLETELY

PFT HEALTH AND WELFARE FUND, 1816 CHESTNUT STREET, PHILA., PA 19103 215-561-2722

BENEFITS WILL **NOT** BE PAID UNLESS A VALID SIGNED ENROLLMENT CARD IS ON FILE WITH THE FUND OFFICE

ENROLLMENT CARD

PLEASE PRINT

1 SOC. SEC. NO.		LAST NAME		FIRST NAME		M. I.	CIRCLE SEX M — F	DATE OF BIRTH
2 STREET ADDRESS		APT. NO.	CITY	STATE	ZIP CODE	PHONE		
3 CURRENT MARITAL STATUS	SINGLE	MARRIED	DIVORCED	SEPARATED	WIDOWED	NAME OF SCHOOL:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCHOOL PHONE:		
DATE OF MARRIAGE		DATE OF DIVORCE OR SEP.		DATE WIDOWED				
POSITION :				DATE APPOINTED:				
INDICATE SCHOOL DISTRICT BENEFIT IN WHICH YOU ARE ALREADY ENROLLED.								
<input type="checkbox"/> KEYSTONE/HMO <input type="checkbox"/> LIFE INSURANCE <input type="checkbox"/> WAGE CONTINUATION <input type="checkbox"/> OTHER (specify)								
4 SOC. SEC. NO. OF SPOUSE		FIRST NAME		LAST NAME IF DIFFERENT		DATE OF BIRTH		
5 EMPLOYER		WORK ADDRESS			WORK PHONE		DATE EMPLOYED	
6 1. DOES YOUR SPOUSE'S EMPLOYER PROVIDE BLUE CROSS COVERAGE?					YES	NO	DOES YOUR SPOUSE HAVE DENTAL COVERAGE?	
					<input type="checkbox"/>	<input type="checkbox"/>	YES	NO
2. IF SPOUSE'S HOSPITALIZATION IS FROM A DIFFERENT COMPANY INSTEAD OF BLUE CROSS, WRITE THE NAME OF INSURANCE COMPANY							IS YOUR SPOUSE ENROLLED IN MEDICARE PART B?	
NAME OF OTHER INSURANCE COMPANY _____							IF YES WRITE THE NAME OF INSURANCE COMPANY _____	YES NO
							<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE OTHER SIDE

THIS CARD IS STRICTLY CONFIDENTIAL. ACCURATE INFORMATION IS NECESSARY TO THE ADMINISTRATION OF YOUR BENEFITS

FIRST NAME (AND LAST IF DIFFERENT) LIST NAMES OF ALL ELIGIBLE DEPENDENTS INCLUDING SPOUSE	CIRCLE SEX	DATE OF BIRTH	RELATIONSHIP
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		

For your dependents to be eligible, you must attach a copy of:

- a. Birth certificate—to add children
- b. Marriage certificate—to add spouse
- c. Adoption papers
- d. Custody order
- e. Guardianship order
- f. SS# for spouse and other dependents

X _____

EMPLOYEE SIGNATURE

DATE