

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.	CHECK SEX M — F	DATE OF BIRTH
2 STREET ADDRESS	APT. NO.	CITY	STATE	ZIP CODE	PHONE
3 CURRENT MARITAL STATUS	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>
	DATE OF MARRIAGE	DATE OF DIVORCE OR SEP.	DATE WIDOWED	PERSONAL EMAIL ADDRESS—DO NOT USE YOUR SCHOOL DISTRICT EMAIL	
POSITION:			DATE APPOINTED:		NAME OF SCHOOL:
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?				DOES YOUR SPOUSE HAVE DENTAL COVERAGE?	
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. IF SPOUSE'S HOSPITALIZATION IS FROM A DIFFERENT COMPANY INSTEAD OF BLUE CROSS, WRITE THE NAME OF INSURANCE COMPANY				IF YES WRITE THE NAME OF INSURANCE COMPANY	
NAME OF OTHER INSURANCE COMPANY _____				_____	
				IS YOUR SPOUSE ENROLLED IN MEDICARE PART B?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	

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	CHECK 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