Heat & Frost Insulators Local 17 Benefit Funds

18520 Spring Creek Drive, Suite B, Tinley Park, Illinois 60477 • (708) 468-8000 • Fax (708) 468-8018

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GROUP COVERAGE ENROLLMENT FORM

(PLEASE PRINT)

ALL QUESTIONS MUST BE COMPLETED: **ALT ID #** _____

_____
Last Name First Name Middle Initial

_____
Address City State Zip Code

_____ _____ ____ _____
Date of Birth Social Security No. Sex Marital Status

_____ _____ _____
Email Address Phone # Cell Phone #

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_____ _____ _____
Spouse's Name Date of Birth Social Security No.

_____
Child's Name Relationship Birth Soc. Sec. No.

_____
Child's Name Relationship Birth Soc. Sec. No.

_____
Child's Name Relationship Birth Soc. Sec.No

OTHER INSURANCE INFORMATION:

Spouse Employed by _____

Address,State,Zip _____

Name of other insurance carrier _____

Insurance company's address _____

Policy No. _____ Effective Date _____ Tel.No _____

Who is covered under this Plan? _____
Circle which coverage: Medical/Dental/Optical/Prescription/All
Does Insurance carrier follow the "Birthday Rule"? Yes/No

DEPENDENT(S) WILL NOT BE COVERED UNLESS MARRIAGE AND BIRTH CERTIFICATES ARE SUBMITTED TO FUND OFFICE.

_____ _____
Insured's Signature Date

FUND OFFICE USE ONLY

Effective Date: COMMENT: