IBEW Local 347 Electrical Workers Health and Welfare Fund

PO Box 26068 Salt Lake City, UT 84126-0068

CompuSys of Utah, Inc.

Toll Free (844) 347-IBEW (4239) Fax (801)973-1007

ENROLLMENT FORM

Directions: Complete this Enrollment Form and return it to the Fund Office. You must submit the following items to the Fund Office with this Enrollment Form (as applicable):

- If you or your Dependent(s) have other group medical coverage, you must include a photocopy of the front and back of the I.D. card for the other coverage.
- If you are married, you must include a copy of your Marriage Certificate.
- If you are enrolling a Dependent child(s), you must include a copy of the child's birth certificate, adoption papers, or court order for custody and support or maintenance (as applicable).

PARTICIPANT'S NAME (Last, First, Initial)			GENDER □ M □ F	DATE OF BIRT	'H (MO/DAY/YEAR)
PARTICIPANT'S	MAILING ADDRI	ESS:	MARITAL STATUS: Single Married If Married, Date of Marriage://		
Street			☐ Divorced ☐ Widowed		
City	ty State Zip		If Divorced, Give Date and Place of Final Decree Date of Divorce:/		
PHONE NUMBER:			PARTICIPANT'S SOCIAL SECURITY NUMBER:		
Dependent that is	eligible for covera paper with inform	D INFORMATION: age from the Plan. If nation regarding thos Social Security Number	f you have more tha	an five eligible De	pendents, attach a
(Last, 1 list, W.I.)			(IVIO/Day/Teal)		
I hereby certify that understand that I wany payments mad this Enrollment For	ent Form and re te this Enrollme t all information p this information c vill be required to de as a result of r	ent Form. provided on this Enro hanges, it is my resp	office. If you are a substitute of the corrections of the corrections of the correction of the correct	married, both your countries are to the best of the Fund Office im all Workers Health change in the info	my knowledge. I mediately. I also and Welfare Fund fo
SIGNATURE OF S	SDOLISE			DATE	
SIGNATURE OF S			DATE		