

D. H. Evans Employees, Inc.

P. O. Box 6480

Harrisburg, PA 17112



**PLUMBERS & PIPEFITTERS LOCAL NO. 520
HEALTH & WELFARE FUND**

To Be Completed By Contract Administrator:	
<input type="checkbox"/> Initial	<input type="checkbox"/> Reinstatement
Effective Date _____	
<input type="checkbox"/> Unix	<input type="checkbox"/> BasyS
<input type="checkbox"/> ESI	<input type="checkbox"/> NVA
<input type="checkbox"/> Delta	

PARTICIPANT INFORMATION: (please complete all lines)

Name _____
(Last) (First) (Middle) Social Security Number

Mailing Address _____
(Street)

(City) (State) (Zip)
Date of Birth: _____ Gender: Male Female Home Phone Number ()

Marital Status: Single Married Separated Divorced

Is your spouse employed? Yes No

If yes, name and address of spouse's employer: _____

Does your spouse have medical coverage? Yes No

Does your spouse have medical coverage for **dependents**? Yes No

Name and address of spouse's insurance company: _____ Policy Number or Group Number: _____

DEPENDENT COVERAGE:

Name	M/F	Birthdate	Social Security #	Add/ Remove	If age 19 Student Y/N
Spouse					
Children					
Children					
Children					
Children					

NOTE Are any of the above dependents handicapped? Yes No Who? _____

If the last name of any dependent is different from yours, please explain: _____

If any dependent lives at a different address – List the Address: _____

I have no dependents to cover at this time.

DEATH BENEFIT AUTHORIZATION (Please list your beneficiary and contingent beneficiary (optional) below):

Beneficiary: Last Name _____ First _____ MI _____ Relationship _____

Contingent: Last Name _____ First _____ MI _____ Relationship _____

I hereby authorize the Plan to update to my enrollment records. I understand the effective date of this information will be determined by the Plan. I verify that the information given in this Enrollment Form is true and correct. I understand that false statements made herein or fraudulent claims made hereunder are subject to penalty under the Plan.

Employee Signature: _____ Date: _____