PLEASE PRINT N.E.C.A. - I.B.E.W. Local 480 Health & Welfare Plan

NameFIR	ST M		AST	
		Eff. Date		
City				
Soc. Sec. #				
Local Union Number	Date	of Marriage		
Dependents' Names	SSN		Relationsh	
Signature Important: You must fill out this car		Date		
	DI EACE DOWN			
	PLEASE PRINT E.W. Local 480 Health	& Welfare Pla	n	
ameFIRST	MI	LAST		
ddress				
ity				
oc. Sec. #	Birthdate	PPO _	PLUS	
		Date of Marriage		
ependents' Names	SSN	Birthdate	Relationship	

Important: You must fill out this card and return it to the Local 480 Office properly signed immediately, in order that our records may be complete.

Date ____

Signature _____