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| **Teamsters Local 237 Welfare Funds****216 West 14th Street – New York, NY 10011** | **lahorsea** | **CSBA ENROLLMENT FORM** |

**PLEASE PRINT ALL INFORMATION CLEARLY – USE BLACK INK**

**SECTION A: MEMBER INFORMATION**

 **FOR OFFICE USE**

SOCIAL SECURITY NUMBER (REQUIRED) MALE FEMALE

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Last name

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first name mi month day year

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home address (Include Apt. No. If Applicable)

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City state zip code

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Primary phone work phone

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|  | single |  | married |  | dom. partner |  | widowed |  | divorced |

**This information is essential for accurate and efficient administration of the benefits for which you and your dependents are or will be eligible for under the Welfare Plan. BE SURE TO ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. This information will be treated confidentially, except that it may be transmitted to third parties as necessary for the administration of benefits or as required by law. Sign and mail in the enclosed envelope.**

**SECTION b: spouse / domestic partner INFORMATION (if applicable)**

indicate which one applies

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|  Date ofMarriage |  |  | / |  |  | / |  |  |  |  | **OR** | Date of Domestic Partnership |  |  | / |  |  | / |  |  |  |  |

Last name male female

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first name mi month day year

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SOCIAL SECURITY NUMBER of spouse / domestic partner

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employer

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health insurance carrier

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**SECTION c: acknowledgment and signature (required)**

**I attest that the information contained herein is true and complete and authorize the disclosure of such information as described on this enrollment form.**

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| **Member signature**  |  | **Date** |  |

**Benefits cannot be provided unless your enrollment form is signed, dated and on file at the fund office.**

**SECTION d: dependent INFORMATION (if applicable)**

Last name male female

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first name mi month day year

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Last name male female

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first name mi month day year

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Last name male female

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first name mi month day year

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Last name male female

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first name mi month day year

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Last name male female

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first name mi month day year

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Last name male female

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first name mi month day year

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