

Teamsters Joint Council No. 83 of Virginia

Health & Welfare and Pension Funds



www.tjc83funds.org
 8814 Fargo Road · Suite 200 · Richmond, VA 23229
 Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

ENROLLMENT FORM

Please note: This form will be returned to you as incomplete if you do not sign it.

PARTICIPANT INFORMATION (Please print all information.)									
Last Name		First Name			Middle Name			Gender	
								Male Female	
Home Address			City			State		Zip	Marital Status
									Single Married
SSN	Phone No.		Date of Birth			Local Union No.		Date of Hire	
			Month	Day	Year			Employer	
								Email Address	

Check this box if you would like to opt out of vision and dental coverage. There will be no reduction in your premiums by doing so.

DEPENDENT INFORMATION (For spouse, submit copy of marriage certificate. For all dependent child, submit copy of birth certificate. For an adopted child, also submit adoption papers. For a stepchild, also submit copy of your marriage certificate. For a child for which you have legal custody, also submit custody papers). If more space is needed, please attach a separate sheet with additional dependent information.

Last Name	First Name	Middle Initial	SSN	Date of Birth			Relationship	Is Dependent Employed?	Dependent Address if Different from Participant
				Month	Day	Year			
Spouse								Yes No	
Dependent								Yes No	
Dependent								Yes No	
Dependent								Yes No	
Dependent								Yes No	
Dependent								Yes No	

OTHER COVERAGE INFORMATION (If you or any of your covered dependents have other coverage, please complete this section.)

Last Name	First Name	Employer Name	If yes, Carrier Name & Policy No.	Carrier Phone No.

BENEFICIARY INFORMATION (You must specify whom you would like to receive your Life Insurance Benefits.)

Name of Beneficiary	Address of Beneficiary	Relationship	Type or Percentage

I hereby certify that the information provided on this Enrollment Form is accurate.

Participant Signature _____

Date _____

For Fund Use Only
 Company Code _____
 Plan _____
 Effective Date _____
 UID _____