

Pipe Fitters' Local 597
WELFARE & RETIREMENT FUNDS

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Employer Trustees
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 Gregory A. Kroh
 Stephen L. Lamb

HEALTH & WELFARE ENROLLMENT FORM

Member's Name _____
 First Middle Initial Last

_____ Social Security Number Local 597 Union Card Number Date of Birth

Address _____
 Street City State Zip Code

_____ Phone Number E-Mail Address

Complete all sections listed below for your dependents.
Please include Social Security Numbers

Print First and Last Name	Birth Date	Sex		Social Security Number
		Male	Female	
<i>Spouse:</i>				
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>Children:</i>				
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	

The term dependent means any one of the following individuals: An employee's spouse. Each natural-born child, your legally adopted child, a child who has been placed in the employee's home for adoption, or your step child. Dependent children of an employee are covered from birth to the end of the calendar year in which the child attains age 18; and each child of an employee from the beginning of the calendar year in which the child attains age 19 to the end of the month in which the child attains age 26, provided that the child is not eligible to enroll in an employer-sponsored health plan other than a group health plan of a parent. An unmarried child who is incapable of self-sustaining employment by reason of mental retardation or physical handicap provided: such incapacity began before the end of the calendar month in which the child turned age 26, and such child is chiefly dependent upon the employee for financial support and maintenance: and proof of such incapacity is submitted to the Trustees within 31 days of the date such dependents eligibility would otherwise terminate.

Each Eligible Employee Must File an Enrollment Form
******* Form Must Be Signed *******

Member's Signature _____ Date / /