Pipe Fitters' Local 597
WELFARE & RETIREMENT FUNDS

Union Trustees
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Employer Trustees
Frederick S. Oyer
John D. Curran
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Stephen L. Lamb

INSURANCE ENROLLMENT FORM

Member's Name _____
First Middle Initial Last

Social Security # Local 597 Union Card #

Address Street City State Zip Code

Phone Number E-Mail Address

Complete all sections listed below for your dependents including Social Security Numbers

Print First and Last Name	Birth Date	Sex		Social Security Number
		Male	Female	
Spouse:				
	/ /	☐	☐	
Spouse Employed: ☐ Yes ☐ No				
Children:				
	/ /	☐	☐	
	/ /	☐	☐	
	/ /	☐	☐	
	/ /	☐	☐	
	/ /	☐	☐	
	/ /	☐	☐	
	/ /	☐	☐	
	/ /	☐	☐	

The term dependent means any one of the following individuals: An employee's spouse. Each unmarried child of an employee from birth to 18 years of age. Each unmarried child between the ages of 18 and 23 years of age who is enrolled as a full-time student in an accredited school, college or university and who is dependent upon the employee for financial support. Such child is considered a dependent during the school years and the intervening vacations. An unmarried child who is incapable of self-sustaining employment by reason of mental retardation or physical handicap provided: such incapacity began prior to the limiting age of 18 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 legibility would otherwise terminate.

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

Member's Signature _____ Date / /