PIPEFITTERS WELFARE FUND, LOCAL 597 ENROLLMENT FORM

Phone (312) 633-0597 - Fax (312) 829-7787 www.pf597.org

Member's Name

Middle Initial Last Local 597 Union Card Number		Last		
		Date of Birth		
		City	State Zip Code	
E-Mail Address				
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Please include S	ocial Securi	<u>ty Numbers</u>		
Right Data	Sex		Social Security Number	
ast Name Birth Date		Female		
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Each Eligible Employee Must File an Enrollment Form ******** Form Must Be Signed ********

Trustees within 31 days of the date such dependents eligibility would otherwise terminate.

in which the Adult Child attains age 26, provided that you and your Adult Child enroll using the Adult Child enrollment form (attached). 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

Member's Signature	Date	/	/	