

N.E.C.A.-I.B.E.W. Local 480 Health & Welfare Plan

Name _____

LAST FIRST MI

Address _____ Eff. Date _____

City_____ St_____ Zip_____

SS# _____ DOB _____

Local 480 917 Date Marriage Phone

Check box if covered by other insurance.

Dependents' Names	SSN	DOB	Relationship
John Doe	123-45-6789	1980-01-15	Spouse
Jane Doe	987-65-4321	1985-03-22	Spouse
Michael Doe	555-44-3333	2005-07-10	Child
Sarah Doe	111-22-3333	2008-11-05	Child
Emily Doe	222-33-4444	2012-05-18	Child
David Doe	333-44-5555	2015-09-01	Child

Sign _____ Date _____

You must complete and return card to Local 480 promptly in order that our records may be complete.