

EMPLOYEE ENROLLMENT CARD

TEAMSTERS LOCAL 72 WELFARE FUND • 265 West 14th Street, New York, N.Y. 10011

PRINT ALL INFORMATION

Last Name

First Name in Full

Middle Name

Social Security No.

Sex

Home Address

City

State

Zip Code

Telephone Number

()

Marital Status

DATE OF BIRTH

DATE OF HIRE

THRUWAY DIVISION

TYPE OF WORK

Month

Day

Year

() New York

() Albany

() Syracuse

() Buffalo

() Clerical

() Maintenance

() Tolls

PRINT NAME OF EACH DEPENDENT BELOW. IF YOU HAVE NO DEPENDENTS, WRITE "NONE." DEPENDENTS ARE YOUR SPOUSE AND ALL UNMARRIED CHILDREN.

LIST NAMES IN ORDER OF AGE — ELDEST FIRST

DATE OF BIRTH

CHECK RELATIONSHIP

Month

Day

Year

Spouse

Son

Daughter

SIGNATURE IN FULL

DATE CARD SIGNED

NO CLAIMS CAN BE PAID ON YOUR BEHALF UNTIL THE FUND OFFICE RECEIVES THIS CARD, COMPLETED IN FULL

