

Dear Participant:

FOR MEMS TO ADD DEPS

The Employees Security Fund of the Electrical Product Industries provides health, welfare and pension benefits to eligible employees of your company. ***Please complete the enrollment form below, filling in ALL information, sign, date, and return it to this office as soon as possible. If not filled out properly, form will be returned. PLEASE DO NOT WRITE "N/A" FOR TELE/CELL#.***

****ALL MEMBERS MUST ATTACH COPY OF YOUR SS CARD, BIRTH CERTIFICATE AND/OR DRIVERS LICENSE.****

You will receive your hospital and prescription cards by mail when you become eligible for these benefits. Please give this matter your immediate attention. Thank you.

Very truly yours,

EMPLOYEES SECURITY FUND

ENROLLMENT FORM
(Please Print Clearly and DO Not cross anything out)

Employee: _____ Soc. Sec # : _____
First Name M.I. Last Name

Home Address : _____

***NEW ADDRESS?** Y N Number, Street, and Apt # _____ City _____ State _____ Zip Code _____

Telephone No. (_____) _____ Birth Date : _____ Cell # : (_____) _____

Company Name : _____ Home E-Mail : _____

Male Female Single Married Number of Dependents _____

**** Attach copy of marriage certificate/ birth certificates/Member and Dependents Soc. Sec. cards. ****
****DOWNLOADED PHOTO COPIES OF DOCUMENTS ARE NOT ACCEPTABLE****
****ALL FOREIGN CERTIFICATES MUST BE SUBMITTED WITH COPY OF TRANSLATIONS.****
LIST YOUR ELIGIBLE DEPENDENTS (FULL NAMES AND SOC. SEC. # AS APPEARS ON CARDS)
**** (WE CANNOT ACCEPT THIS FORM WITHOUT COMPLETE INFORMATION) ****

	First Name	Last Name	*Social Security #*	Sex	Relation	Date of Birth		
						Mo.	Day	Year
1.					Spouse			
2.					Child			
3.					Child			
4.					Child			
5.					Child			
6.					Child			

Employee's Signature : _____

Date: _____