

# Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



Administered by West End Administrators, Inc.  
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## ENROLLMENT FORM

*Please note: This form will be returned to you as incomplete if you do not designate a beneficiary or if you fail to sign Section 1.*

### Section 1 – Personal Information

Participant's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Single Married

\_\_\_\_\_ Male Female

Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

Email Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Employer \_\_\_\_\_ Local Union No. \_\_\_\_\_

Are you currently covered by another plan? Yes No

If yes, date coverage will terminate \_\_\_\_\_

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date

### Section 2 – Health & Welfare Beneficiary (Recipient of Life Insurance Benefits, if applicable)

Beneficiary's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Section 3 – Spouse Information (To add a spouse, you must submit a marriage certificate and if your spouse is employed, an Insurance Verification form to be completed by the employer.)

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Is spouse employed? Yes No

If yes, spouse's employer \_\_\_\_\_

Spouse's employer's address \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

*For Fund Office Use Only:*

Company Code: \_\_\_\_\_

Plan: \_\_\_\_\_

Effective Date: \_\_\_\_\_

UID: \_\_\_\_\_

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**Section 4 – Dependent Information**

<b>To Add:</b>	<b>You must submit the following:</b>
<b>a qualifying child born to you</b>	<b>qualifying child’s birth certificate identifying you as the parent or legal paternity documentation</b>
<b>an adopted qualifying child</b>	<b>qualifying child’s birth certificate &amp; adoption papers</b>
<b>a qualifying stepchild</b>	<b>qualifying child’s birth certificate &amp; your marriage certificate</b>
<b>a qualifying child for which you have legal custody</b>	<b>qualifying child’s birth certificate and a copy of custody papers</b>

1. Dependent’s Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address (if different than Participant’s) \_\_\_\_\_  
 \_\_\_\_\_  
 SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Is dependent employed?      Yes      No  
 If yes, employer’s name and address \_\_\_\_\_  
 \_\_\_\_\_

2. Dependent’s Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address (if different than Participant’s) \_\_\_\_\_  
 \_\_\_\_\_  
 SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Is dependent employed?      Yes      No  
 If yes, employer’s name and address \_\_\_\_\_  
 \_\_\_\_\_

3. Dependent’s Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address (if different than Participant’s) \_\_\_\_\_  
 \_\_\_\_\_  
 SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Is dependent employed?      Yes      No  
 If yes, employer’s name and address \_\_\_\_\_  
 \_\_\_\_\_

4. Dependent’s Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address (if different than Participant’s) \_\_\_\_\_  
 \_\_\_\_\_  
 SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Is dependent employed?      Yes      No  
 If yes, employer’s name and address \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*If more space is needed, please attach a separate sheet with additional dependent information.\*\*\*