

ENROLLMENT CARD**MEMBER INFORMATION**

LAST NAME		FIRST NAME		MIDDLE	SOC SEC #
MAILING ADDRESS				CITY	STATE ZIP CODE
BIRTHDATE	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>	PHONE #	LOCAL #	EMAIL

MUST INCLUDE A COPY OF THE FOLLOWING FOR DEPENDENTS TO BE ELIGIBLE

**CERTIFIED COPY OF MARRIAGE CERTIFICATE FOR SPOUSE
CERTIFIED COPY OF BIRTH CERTIFICATE FOR CHILDREN**

*ORIGINALS WILL BE RETURNED***DEPENDENTS INFORMATION**

SPOUSES NAME		SOC SEC #		EMAIL	
BIRTHDATE	DATE OF MARRIAGE	Phone #		GENDER M <input type="checkbox"/> F <input type="checkbox"/>	COVERED BY OTHER INSURANCE <input type="checkbox"/>
NAME	SOC SEC #	BIRTHDATE	CHILD <input type="checkbox"/> STEP CHILD <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/>	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	COVERED BY OTHER INSURANCE <input type="checkbox"/>
NAME	SOC SEC #	BIRTHDATE	CHILD <input type="checkbox"/> STEP CHILD <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/>	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	COVERED BY OTHER INSURANCE <input type="checkbox"/>
NAME	SOC SEC #	BIRTHDATE	CHILD <input type="checkbox"/> STEP CHILD <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/>	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	COVERED BY OTHER INSURANCE <input type="checkbox"/>
NAME	SOC SEC #	BIRTHDATE	CHILD <input type="checkbox"/> STEP CHILD <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/>	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	COVERED BY OTHER INSURANCE <input type="checkbox"/>
ADDITIONAL INSURANCE COMPANY			ADDRESS		
POLICY #	CONTACT PHONE #	TYPE OF BENEFITS MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/>		PHARMACY INSURANCE Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEMBER'S SIGNATURE _____			DATE _____		

RETURN INFORMATION OPTIONSEMAIL INFORMATION TO: enrollment@silehw.org

FAX: 618-997-9063

MAILING ADDRESS

SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' HEALTH & WELFARE FUND

5100 ED SMITH WAY, SUITE A

MARION, IL 62959

OFFICE # 618-998-1300

ADDITIONAL FORMS & INFORMATION CAN BE FOUND ON OUR WEBSITE: www.silehw.org