

Local 18 Death Benefit Group Insurance Enrollment Card
Please Print or Type All Answers

Card No.(If known) _____ **Birth Date** _____

Name _____ **Work Phone** _____

Beneficiary (example: Mary A. Doe Not Mrs. John J. Doe)

Name _____ **Date of Birth** _____

Relationship _____ Soc. Sec. # _____

Contingent Beneficiary

Name _____ Date of Birth _____

Relationship _____ Soc. Sec. # _____

Date _____ **Member**
Signature _____