

RAILROAD MAINTENANCE & INDUSTRIAL HEALTH & WELFARE FUND BENEFIT ENROLLMENT FORM

Employee's
Last Name _____ First _____ Middle _____

Address _____ Phone _____
STREET CITY STATE ZIP

Soc. Sec. No. _____ Birth Date _____ Married _____ Single _____ Div _____

DEPENDENT INFORMATION

Dependent Name	Relationship	Birth Date	Social Security Number

LIFE INSURANCE BENEFICIARY INFORMATION

Primary Beneficiary _____
NAME RELATIONSHIP

Address _____
STREET CITY STATE ZIP

Alternate Beneficiary _____
NAME RELATIONSHIP

Address _____
STREET CITY STATE ZIP

EMPLOYEE'S SIGNATURE _____ Date Signed _____

Return to:

*Railroad Maintenance & Industrial Health & Welfare Fund
 2725 West Monroe Street
 Springfield, IL 62704
 (800) 258-6534 • (217) 787-2923*

* * * See Back of This Form for Important Information. * * *

Important! Important! Important!

If you have dependents (a wife and/or children), we must receive the following **BEFORE** your dependents can be enrolled in the plan and have any benefits paid:

If you are married — send us a copy of your marriage certificate.

If you have dependent children who live with you:

1. Send us a copy of each child's birth certificate that identifies **both** the name of the child's mother and father (or a copy of adoption papers).

If you have dependent step-children who live with you:

1. Send us a copy of each child's birth certificate that identifies **both** the name of the child's mother and father (or a copy of adoption papers); and
2. Send us a copy of your spouse's divorce papers, if any, identifying which parent is responsible for insuring the children.

If you have dependent children who do not live with you:

1. Send us a copy of each child's birth certificate that identifies **both** the name of the child's mother and father (or a copy of adoption papers); and
2. Send us a copy of your divorce papers or court order establishing your responsibility to provide health coverage for the child(ren); and
3. Send us a copy of a Qualified Medical Child Support Order.

If you have questions about the above, call the Fund Office at 1-800-258-6534 between 8 AM and 4 PM central time. It is our pleasure to be of service to our members.