

**GREAT PLAINS LABORERS' DISTRICT COUNCIL
FRINGE BENEFIT ENROLLMENT PLAN**



LAST NAME		FIRST NAME IN FULL		MIDDLE NAME IN FULL
HOME ADDRESS		CITY & ZONE NO.		STATE
HOME ADDRESS - CHANGE OF		CITY & ZONE NO.		STATE
SOCIAL SECURITY NO.		UNION MEMBERSHIP NO.		LOCAL UNION NO.
DATE OF BIRTH MONTH DAY YEAR		MARRIED	SINGLE	PLEASE PRINT ALL INFORMATION
DEATH BENEFITS TO BE PAID TO				
FULL NAME - Example: MARY A. DOE		RELATIONSHIP		BE SURE TO LIST YOUR DEPENDENTS ON BACK OF CARD
RESIDENCE OF BENEFICIARY				
STREET		CITY OR TOWN		STATE
DATE CARD IS SIGNED				
MONTH	DAY	20	YEAR	SIGNATURE - USE FULL NAME

GREAT PLAINS LABORERS' DISTRICT COUNCIL HEALTH & WELFARE PLAN

LIST BELOW NAMES OF YOUR WIFE AND UNMARRIED CHILDREN UNDER 18 YEARS OF AGE						
LIST NAMES IN ORDER OF AGE -- ELDEST FIRST	CHECK (X) RELATIONSHIP			DATE OF BIRTH		
	WIFE	SON	DAUGHTER	MONTH	DAY	YEAR

—FOR OFFICE USE ONLY—

CHANGE BENEFICIARY TO	INSURANCE RECORD		
	DATE	CANCELLED	REINSTATED
NAME - Example: MARY A. DOE			
STREET CITY STATE			
RELATIONSHIP AGE			