

LOCAL 1158 I.B.E.W. WELFARE PLAN FUND CENSUS CARD

No Benefits Will Be Paid Unless This Card Is Fully & Properly Completed & Filed With The Welfare Fund

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.		
ADDRESS	STREET	CITY	STATE	ZIP	
COMPANY	DATE HIRED	DATE OF MARRIAGE	DATE OF BIRTH		
List below the names of your spouse and all unmarried children under the age of 19					
S.S. NO.	NAME	AGE	DATE OF BIRTH	RELATIONSHIP	

I hereby certify that the above statements are true and that any false statements will disqualify me for benefits.

1158

EMPLOYEE'S SIGNATURE _____ DATE _____ LOCAL UNION NO. _____

Is your spouse employed?
 Yes _____ No _____

Spouse's Employer _____

Name _____

Address _____

Phone No. _____

Address Change
 Add Dependents
 Update All Information

If you would like Local 1158 Welfare Plan Fund to consider your dependents for Benefits you must list them on your Census Card and provide us with proof of dependency.

In order for a dependent to be covered you must provide us with a copy of a Birth Certificate, which lists you as the natural parent, or adoption papers. For a spouse to be covered you must provide us with a copy of your marriage Certificate.

No benefits will be paid for any dependents until proof of dependency is received.