U.A. LOCAL 13
PENSION AND GROUP HEALTH PLANS

Steve Ostrander
FUND MANAGER

1850 MT. READ BLVD
Rochester, N.Y. 14615
Phone (585) 338-2310

Member Personnel Record

Member Data: (Please print legibly)

Social Security #: _____ Date of Birth ___/____/_____

Last Name:_____ First:_____ Initial:____
New Street Address: _____
City: _____ State: _____ Zip: _____
County:_____

Day Time Phone: (____)_____

Family Member Information:

If married, date of marriage:_____

Name of New Family Member	Status	Sex	Date of Birth	Social Security #
	Spouse		____/____/____	_____/_____/_____
	Dependent		____/____/____	_____/_____/_____
	Dependent		____/____/____	_____/_____/_____
	Dependent		____/____/____	_____/_____/_____
	Dependent		____/____/____	_____/_____/_____
	Dependent		____/____/____	_____/_____/_____