

Electrical Workers Local 369 Benefit Fund  
906 Minoma Avenue  
Louisville, KY 40217  
(502)635-2611 or (800)427-2495

## Enrollment Form

Complete and send this form to the Fund Office when you are newly eligible for Plan coverage. You can type your answers directly into this form. You also can print and write your answers in the space provided. Please print legibly.

<b>Employee Name</b>		Today's date	
Social Security number		Primary phone number	
Date of birth		Email address	
Home address	City	State	Zip code
You are joining the Fund as a member of: <input type="checkbox"/> Benefit Fund <input type="checkbox"/> Market Recovery Agreement (MRA)			

<b>Spouse Name (if applicable)</b>	
Date of birth	Social Security number
Primary phone number	Email address

<b>Child(ren) Name(s) (if applicable)</b>			
Name	Social Security Number	Date of Birth	Relationship

By signing this form, I affirm that, to the best of my knowledge, the information I am providing is true and accurate. I am aware that the Plan provisions are provided in the Electrical Workers Local 369 Benefit Fund Plan Document. If there is a discrepancy between the wording here and the Plan Document, the language in the Plan Document governs. I acknowledge that the Trustees reserve right to interpret, amend, modify or terminate this Plan or any of the benefits at any time.

Employee signature	Date
--------------------	------

Contact the Fund Office for more information about your benefits at 502-635-2611 or 800-427-2495.  
Return forms and documentation to the Fund Office by mail, fax, or email.

<b>Mail</b> Electrical Workers Local 369 Benefit Fund 906 Minoma Ave. Louisville, KY 40217	<b>Fax</b> 502-637-3444	<b>Email</b> lcarroll@369benefits.com
---	----------------------------	--