

New Jersey Building Laborers Statewide Benefit Funds

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IT IS EXTREMELY IMPORTANT THAT THIS ORIGINAL FORM BE COMPLETED AND RETURNED IMMEDIATELY TO ENSURE UNINTERRUPTED ELIGIBILITY STATUS.

PLEASE PRINT ALL INFORMATION

BOOK NUMBER: _____ LOCAL UNION # _____ DATE OF INITIATION: _____ / _____ / _____
month / day / year

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH - _____ / _____ / _____
month / day / year

MARITAL STATUS: _____ SINGLE
 _____ MARRIED
 *Send copy of Marriage Certificate
 _____ DIVORCED
 *Send copy of Final Divorce Decree
 _____ WIDOW
 *Send copy of Death Certificate

_____ HOME TELEPHONE NUMBER
 _____ CELL TELEPHONE
 _____ EMERGENCY PHONE #

YOU MUST ATTACH COPIES OF BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS, INCLUDING YOURSELF AND ALL DEPENDENTS. A COPY OF YOUR MARRIAGE CERTIFICATE IS REQUIRED IF MARRIED.

Name (first, last)	Birth date	Sex	Soc. Sec. #	Relationship

BENEFICIARY FOR DEATH BENEFITS:

LAST NAME _____ FIRST NAME _____ SOCIAL SECURITY # _____ RELATIONSHIP _____

ADDRESS _____ PHONE# _____ / _____ DOB _____

SPOUSE'S SIGNATURE _____ SPOUSE'S SS # _____

MEMBER'S SIGNATURE _____ DATE _____

revised 03/23