

Email to tammy@ibew38-benefits.com or mail to IBEW 38 Fringe Benefits, P.O. Box 6326, Cleveland, OH 44101-1326. Photos or scans of documents are acceptable. If emailed, confirmation of receipt will be sent within 24 business hours. If you do not receive confirmation, please call 216-431-7738.

IBEW LOCAL 38 HEALTH & WELFARE INITIAL ENROLLMENT FORM

MEMBER INFORMATION:

Last Name:	First Name:	Middle:
Date of Birth:	SSN:	Gender: M / F
Mailing Address:		
City:	State:	ZIP:
Home Phone #:	Cell Phone #:	
Email:	Single____ Married____ Separated____ Divorced____	
Member Signature:		Date:

TO ADD ON ELIGIBLE DEPENDENTS PLEASE COMPLETE BELOW

SPOUSE: Document required: Copy of the Official Marriage Certificate with seal must be provided to the Fringe Benefit Office.

Last Name:	First Name:	Middle:
Date of Birth:	SSN:	Gender: M / F

ELIGIBLE CHILD(REN): An eligible child is defined as all children from birth to age twenty-six (26), including legally adopted children and foster children. Stepchildren are also included provided that the Member provides documentation indicating that the stepchild(ren) is financially dependent on the Member and living with the Member. (i.e., 1st page of filed federal tax form with financial information blocked out).

Documents required: Copy of the Birth Certificate and SSN card for each child must be provided to the Fringe Benefit Office.

Last Name:	First Name:	Middle:
Date of Birth:	SSN:	Gender: M / F
Relationship: Son____ Daughter____ Stepson____ Stepdaughter____		

Last Name:	First Name:	Middle:
Date of Birth:	SSN:	Gender: M / F
Relationship: Son____ Daughter____ Stepson____ Stepdaughter____		

Last Name:	First Name:	Middle:
Date of Birth:	SSN:	Gender: M / F
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