# Application to Union's Insurance Program

## *$10,000 Life insurance for members in good standing*

**PLEASE PRINT – All information is confidential** **Local No.**__________________

**Name of Your Employer**________________________________ **Dept.**________________

**Your Name**________________________________ **Male**______ **Female**_______

**Social Security Number**__________________ **Date of Birth**__________________ **Hire Date**__________________

**Mailing Address**______________________________________________
Street Apt #

______________________________________ **Primary Phone No.** ______________________
City State Zip

**Personal Email** ______________________________________________

**Hours Worked Per Week**______________ **Annual Salary**________________ **Marital Status** ____________________

**If Mailing Address is a PO Box – Please Fill Out Street Address Below:**

______________________________________________________________

**County You Live In** ______________________________ **Legislative District (If known)** ______________________

## Beneficiary Information

**Name of Beneficiary** ________________________________ **(Must have full name, i.e.: Mary A. Doe, NOT Mrs. John J. Doe)**

**Date of Birth** ______________________ **Relationship to you** ______________________

**Address of Beneficiary** ______________________________________________

## Your Work Information

**Work Mailing Address** ______________________________________________

______________________________________ **Work Phone** ______________________

**Work Email** ______________________________________________

**Employer Name** ______________________________ **Dept.** ______________________

**Employee Signature** ______________________________ **Date** ______________________

***<u>Please note: all information must be completed to insure coverage,</u>***
***<u>including full social security number;</u> if you fail to include your full social security number we cannot enroll you in this benefit.***