



# NATIONAL AUTOMATIC SPRINKLER METAL TRADES WELFARE FUND



8000 CORPORATE DRIVE • LANDOVER, MD 20785

TELEPHONE  
(301) 577-1700

## HEALTH COVERAGE ENROLLMENT FORM

TOLL FREE  
(800) 638-2603

### EMPLOYEE/PARTICIPANT INFORMATION

_____	_____	_____	_____	_____
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	INITIAL	LOCAL UNION
		<input type="checkbox"/> MALE		
		<input type="checkbox"/> FEMALE		
_____	_____	_____	_____	_____
STREET ADDRESS OR P.O. BOX	BIRTH DATE	MARITAL STATUS	DATE OF MARRIAGE	
_____	_____	_____	_____	_____
CITY	STATE	ZIP	HOME PHONE	CELL PHONE
				EMAIL ADDRESS

### SPOUSE INFORMATION (IF NONE, SKIP TO NEXT SECTION)

_____	_____	_____	_____	_____
NAME (FIRST, INITIAL, LAST)	SOCIAL SECURITY NO. OR HICN	BIRTH DATE	TELEPHONE NUMBER	EMAIL ADDRESS

### DEPENDENT CHILDREN INFORMATION

_____	_____	_____	_____
NAMES (FIRST, INITIAL LAST)	SOCIAL SECURITY NO. OR HICN	RELATIONSHIP	BIRTH DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR HEALTH BENEFITS COVERAGE IS PROVIDED BY THE NASMT WELFARE FUND. A PLAN BOOKLET IS AVAILABLE FROM THE FUND OFFICE OR YOU CAN DOWNLOAD A COPY OF THE PLAN BOOKLET FROM THE FUND'S WEBSITE — [HTTP://WWW.NASMFUND.ORG](http://www.nasmfund.org). YOU SHOULD REVIEW THE PLAN BOOKLET FOR A COMPLETE DESCRIPTION OF THE PLAN RULES AND BENEFITS.

YOUR FAMILY WILL BECOME ELIGIBLE FOR BENEFITS UNDER THE RULES OF THE NASMT WELFARE PLAN — TYPICALLY THIS OCCURS EFFECTIVE ON THE FIRST DAY OF THE MONTH AFTER YOU HAVE WORKED 600 HOURS IN COVERED EMPLOYMENT WITHIN A SIX-MONTH PERIOD. ELIGIBILITY IS NOT GRANTED UNTIL AFTER YOUR EMPLOYER HAS MADE THE REQUIRED CONTRIBUTIONS.

YOU ARE RESPONSIBLE FOR ADVISING THE NASMT WELFARE FUND OF ANY CHANGE IN YOUR MARITAL STATUS. IF YOU HAVE NOT PREVIOUSLY ENROLLED YOUR SPOUSE, YOU WILL NEED TO INCLUDE A COPY OF YOUR MARRIAGE CERTIFICATE WITH THIS ENROLLMENT FORM. SIMILARLY, IF YOU ARE ADDING DEPENDENT CHILDREN THAT YOU HAVE NOT PREVIOUSLY ENROLLED, YOU WILL NEED TO INCLUDE A COPY OF THE BIRTH CERTIFICATE FOR EACH NEW DEPENDENT CHILD.

**Please submit the form to:** NASMT Welfare Fund  
8000 Corporate Drive  
Landover, MD 20785

or fax to (301)429-4765

**Questions:** please call the Fund Office at (800) 638-2603

BY MY SIGNATURE BELOW, I STATE THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
EMPLOYEE/PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE