

# SOUTHERN TIER BUILDING TRADES BENEFIT PLAN

PLEASE PRINT

MEMBER INFORMATION			
SOCIAL SECURITY NO.		DATE OF BIRTH	LOCAL UNION AND CRAFT
LAST NAME		FIRST NAME	MIDDLE IN
HOME ADDRESS - STREET AND NUMBER			CIRCLE ONE YES NO
CITY AND STATE			MARRIED YES NO
CITY AND STATE			ZIP CODE

SPOUSE INFORMATION	
SPOUSE NAME	
SPOUSE SOCIAL SECURITY NO.	
SPOUSE DATE OF BIRTH	
IS SPOUSE PRESENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	DOES SPOUSE HAVE OWN MEDICAL INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>

BENEFICIARY IF NOT SPOUSE			
GIVE FULL NAME		D.O.B.	RELATIONSHIP
BENEFICIARY HOME ADDRESS - STREET AND NUMBER		CITY AND STATE	ZIP CODE



## COMPLETE OTHER SIDE

LIST NAMES OF UNMARRIED CHILDREN UNDER 25 YEARS	DEPENDENT'S SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX M/F	IF FULL TIME STUDENT- SCHOOL NAME

**MEMBER'S SIGNATURE**

**DATE**

**PHONE**

**E-MAIL**

RETURN TO: SOUTHERN TIER BUILDING TRADES BENEFIT PLAN  
202 W. FOURTH STREET  
JAMESTOWN NY 14701  
(716) 664-4391