

PLUMBERS, PIPEFITTERS & MES LOCAL UNION No. 392 HEALTH & WELFARE FUND  
1228 Central Parkway, Room 100 · Cincinnati, OH 45202  
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**HEALTH INSURANCE ENROLLMENT FORM**

**MEMBER INFORMATION**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**MARITAL INFORMATION**

COPY OF MARRIAGE CERTIFICATE AND SOCIAL SECURITY NUMBER ARE NEEDED TO ADD SPOUSE TO THE PLAN

Spouses Full Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**DEPENDENT CHILD(REN) INFORMATION**

COPY OF BIRTH CERTIFICATE(S) AND SOCIAL SECURITY NUMBER(S) ARE NEEDED TO ADD DEPENDENT(S) TO THE PLAN

Full Name	Date of Birth	SS#	Relationship

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_