

**EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRIES**

158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, NY 11366-3017 • (718) - 591-1100 • FAX (718) 591-4200

Dear Participant:

The Employees Security Fund of the Electrical Products Industries provides health, welfare and pension benefits to eligible employees of your company. Please complete the questionnaire below and return it to this office as soon as possible, along with a copy of your marriage certificate and the birth certificates of your dependents.

You will receive your hospital and prescription cards by mail when you become eligible for these benefits. Please give this matter your immediate attention. Thank you.

Very truly yours,

Employees Security Fund of the  
Electrical Products Industries

***Questionnaire***  
***(Please print)***

Employee \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
*First Name Middle Initial Last Name*

Home Address \_\_\_\_\_  
*Number, Street and Apt. # City State Zip Code*

Telephone No. (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Male  Female  Single  Married  Number of Dependents \_\_\_\_\_

**\* Attach a copy of your marriage certificate and the birth certificates of your dependents to this form**

<b><i>LIST YOUR ELIGIBLE DEPENDENTS (FULL NAMES AND SOCIAL SECURITY NUMBERS)</i></b>							
<b><i>(We cannot accept this form without complete information)</i></b>							
<b><i>Last Name</i></b>	<b><i>First Name</i></b>	<b><i>Social Security#</i></b>	<b><i>Sex</i></b>	<b><i>Relationship</i></b>	<b><i>Date of Birth</i></b>		
					<b><i>Mo.</i></b>	<b><i>Day</i></b>	<b><i>Year</i></b>
<b>1.</b>				<b>Spouse</b>			
<b>2.</b>				<b>Child</b>			
<b>3.</b>				"			
<b>4.</b>				"			
<b>5.</b>				"			
<b>6.</b>				"			
<b>7.</b>				"			
<b>8.</b>				"			
<b>9.</b>				"			
<b>10.</b>				"			

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_