

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 _____ Union Card # _____

Company Name _____

Male Female Single Married Number of Dependents _____

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

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

Employee's Signature _____

Date _____