

EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRIES
 158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, NY 11365-3017 • (718) 591-1100 • FAX (718) 591-4200

Dear Participant:

FOR MEMS TO ADD DEPS

The Employees Security Fund of the Electrical Product Industries provides health, welfare and pension benefits to eligible employees of your company. *Please complete the enrollment form below, filling in ALL information, sign, date, and return it to this office as soon as possible. If not filled out properly, form will be returned.*

PLEASE DO NOT WRITE "N/A" FOR TELE/CELL#. WE MAY NEED TO CONTACT YOU.
ALL MEMBERS MUST ATTACH COPY OF YOUR SOC. SEC. CARDS.

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,

Laura Taylor-O'Boyle

Laura Taylor-O'Boyle
 Administrator

ENROLLMENT FORM
(Please Print Clearly and DO Not cross anything out)

Employee: _____ Soc. Sec # : _____
First Name M.I. Last Name

Home Address : _____

***NEW ADDRESS? Y N** **Number, Street, and Apt #** **City** **State** **Zip Code**

Telephone No. (_____) _____ Birth Date : _____ Cell # : (_____) _____

Company Name : _____ Home E-Mail : _____

Male Female Single Married Number of Dependents _____

**** Attach copy of marriage certificate/ birth certificates/Member and Dependents Soc. Sec. cards. ****
ALL FOREIGN CERTIFICATES MUST BE TRANSLATED AND SUBMITTED WITH FOREIGN CERTIFICATES.
LIST YOUR ELIGIBLE DEPENDENTS (FULL NAMES AND SOC. SEC. # AS APPEARS ON CARDS)
**** (WE CANNOT ACCEPT THIS FORM WITHOUT COMPLETE INFORMATION) ****

Last name	First Name	*Social Security #*	Sex	Relation	Date of Birth		
					Mo.	Day	Year
1.				Spouse			
2.				Child			
3.				"			
4.				"			
5.				"			
6.				"			
7.				"			
8.				"			
9.				"			
10.				"			

Employee's Signature _____ Date _____