



<input type="checkbox"/> NEW EMPLOYEE	FULL-TIME EMPLOYEE	<input type="checkbox"/>	HIRE DATE:	/	/
<input type="checkbox"/> OPEN ENROLLMENT	PART-TIME EMPLOYEE	<input type="checkbox"/>	EFFECTIVE DATE:	/	/
<input type="checkbox"/> DEPENDENT ENROLLMENT	RETIREE	<input type="checkbox"/>	RETIREMENT DATE:	/	/

Name:	<div style="display: flex; justify-content: space-between; width: 100%;"> (Last) (First) (Middle) </div>	SSN:	<div style="display: flex; justify-content: space-around; width: 100%;"> - - </div>
Address:	<div style="display: flex; justify-content: space-between; width: 100%;"> (Street) (City, State, Zip) </div>	Date of Birth:	<div style="display: flex; justify-content: space-around; width: 100%;"> / / </div>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Home Phone:		Cell Phone:	
Email:			
	Employer Name: 		

Do you want to cover your eligible dependent children or spouse? ☐ Yes ☐ No **If yes, please list below.**

PLEASE NOTE: Coverage of any dependent is subject to Plan provisions, including the submission of certain forms or legal documents. If you list dependent children who are not your biological children, or do not have your last name, you must complete an **Eligible Dependent Certification Form** for such dependents. If you are covering a spouse, you must provide your **Marriage Certificate**. Contact the Plan if you have any question about what to submit when you enroll your dependents. You will be notified if any other documents or forms are required when your enrollment form is reviewed.

[illegible]

I hereby make application to join the National IAM Benefit Trust Fund, and request the benefits to which I am entitled, or to which I may become entitled under the provisions of the Plan. I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of benefits. **I declare under penalty of law that all of the foregoing information is correct.**

IMPORTANT: Future changes in employee, dependent, or beneficiary information (including change of address) should be reported by completing and returning a new Enrollment Form that will **replace** the prior form. Enrollment and Dependent Certification forms can be found on our website at www.iambtf.org, or you can contact your employer or the Fund Office for assistance.