



**NATIONAL IAM
BENEFIT TRUST FUND**
Better Benefits • Better Life

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EMPLOYEE ADDITION AND TERMINATION FORM

EMPLOYER NAME: _____

WORK MONTH: _____

EMPLOYER CODE: _____

ELIGIBILITY MONTH: _____

**USE THIS FORM TO ADD OR MODIFY EMPLOYEE INFORMATION
(IF COVERAGE TYPE IS CHANGED, PLEASE INDICATE REASON)**

EMPLOYEE SSN	EMPLOYEE NAME AND ADDRESS	DATE OF BIRTH	COVERAGE TYPE	MARITAL STATUS	ADD DATE	TERM DATE	REASON FOR TERMINATION OR CHANGE

NOTE: AN ADD DATE IS ALWAYS THE FIRST DAY OF THE COVERAGE MONTH AND A TERM DATE IS ALWAYS THE LAST DAY OF THE COVERAGE MONTH. MONTHLY CONTRIBUTIONS ARE REQUIRED STARTING FROM THE ADD DATE. EMPLOYEE ELIGIBILITY RECORDS ARE NOT UPDATED UNTIL THE MONTHLY CONTRIBUTIONS ARE RECEIVED.