

UFCW-EMPLOYERS BENEFIT FUNDS PENSION ENROLLMENT

MARK CHANGES TO BE MADE

<input type="checkbox"/>	NEW MEMBER - COMPLETE ALL INFORMATION
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COMPLETE APPROPRIATE INFORMATION

<input type="checkbox"/>	CHANGE OF NAME
<input type="checkbox"/>	CHANGE OF ADDRESS

<input type="checkbox"/>	CHANGE OF MARITAL STATUS
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SOCIAL SECURITY NUMBER

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FOR NAME CHANGE ONLY
ENTER PRIOR NAME

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	LAST NAME	FIRST	INITIAL
NAME			

STREET ADDRESS

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CITY, STATE, ZIP

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MARITAL STATUS

SEX	MALE		
	FEMALE		

SINGLE

MARRIED

DATE			
MO DAY YR			

DIVORCED

DATE			
MO DAY YR			

BIRTH DATE

	EMPLOYEE		
	SPOUSE		

HIRE DATE

	MO	DA	YR

STORE NAME	
ADDRESS	
CITY, STATE, ZIP	
DEPT. OR CONCESSION	

DATE: _____

MEMBER SIGNATURE: _____

TO BE COMPLETED BY UNION LOCAL

	TRAN	EMPLOYER	LOCAL
ACCOUNT NO.	25		

APPROVED BY: UNION REPRESENTATIVE, SIGNATURE: _____

LOCAL NO. _____