TEL. (516) 487-3110 *FAX (516) 487-3144*

Construction Council 175

99 MINEOLA AVENUE, ROSLYN HEIGHTS, NEW YORK 11577

Charlie Priolo
BUSINESS MANAGER
Michael Bartilucci
RECORDING SECRETARY

Costantino Seminatore
PRESIDENT
Joe Caramanno
SECRETARY TREASURER

WELFARE FUND

(PLEASE PRINT OR TYPE IN THE BOXES BELOW)

Your Last Name	First Name	M.I	Sex [ ]M [ ] F	Date of Birth / /

Address	City	State	Zip Code

Social Security #	married [ ] single [ ]	Home Telephone #
Email:	**Cell phone #:**	

Spouse's Employer:	Spouse's Health Plan Carrier:	Policy #:
Are you covered by any other Health Insurance? [ ] YES [ ] NO	TYPE OF COVERAGE Medical [ ] Vision [ ] Dental [ ] RX [ ]	Effective Date of Coverage: / /

(encl. copy of spouse insurance card

Name(s) of family members covered under spouse: _____
_____
_____

List below all family members to be covered ***(*important: documents required for dependants)***

Name ***Indicate different last name if applicable***	**Social Security #**	**Birth Date**	**Relationship**
Spouse Name		/ /	[ ] husband [ ] wife
Dependent		/ /	[ ] son [ ] daughter
Dependent		/ /	[ ] son [ ] daughter
Dependent		/ /	[ ] son [ ] daughter
Dependent		/ /	[ ] son [ ] daughter

Member Signature _____Date _____

I hereby certify that the above is correct. I understand that any inaccurate information may cause coverage to be denied and reimbursement to the funds including all legal fees and applicable penalties.

Death Benefit

Note if you are married and designate someone other than your spouse as beneficiary, you must submit a written and notarized consent of your spouse to the beneficiary you name.

Beneficiary Designation

Beneficiary	**Relationship**	**% Share to be Paid**
Name: Address:		
Name: Address:		
Name: Address:		

Member Signature _____Date _____

Signature of Witness _____ Signature of Witness_____

Member's signature must be witnessed by two adults. Beneficiaries must NOT sign as witnesses.

Annuity Fund (if Applicable)

Note if you are married and designate someone other than your spouse as beneficiary, you must submit a written and notarized consent of your spouse to the beneficiary you name.

Beneficiary Designation

Beneficiary	**Relationship**	**% Share to be Paid**
Name: Address:		
Name: Address:		
Name: Address:		

Member Signature _____Date _____

Signature of Witness _____ Signature of Witness_____

**Important Documents Required:*

Copies of…

[ ] Marriage Certificate

[ ] Children's Birth Certificate(s)

(Please Answer All Questions In Ink)

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL