SEIU Local 1 & Participating Employers *Health Trust*

Health Care Enrollment Form

Print Name _____ _____ _____
Last First M

SSN ___ - ___ - ____ Date of Birth ___ / ___ / ____

Home Address _____

_____ ___ _____
City State Zip

Home Phone ___ - ___ - ____ Cell ___ - ___ - ____

Personal Email _____

Employer _____ Phone ___ - ___ - ____

Work Site _____

***IDENTIFICATION REQUIREMENTS*: The following documents MUST be returned to the Fund Office with this completed form to: SEIU Local 1 & Participating Employers Health Trust, Member Services Dept., 111 E. Wacker Drive, 17th Floor, Chicago IL 60601**

- Copy of your birth certificate
- If married, you must also submit a copy of the marriage license
- For each dependent – a copy of the respective birth certificate for each child through age 25.

***NOTE*: If the last names are not the same you will need to submit additional documentation such as:**

- Proof of Legal Guardianship
- Court order/judgment for foster children

Spouse's Name _____ _____ _____
Last First MI

Spouse's SSN ___ - ___ - ____ Date of Birth ___ / ___ / ____

Spouse's Employer _____ Phone ___ - ___ - ____

Spouse's Insurance _____ Phone ___ - ___ - ____

Child 1 Name _____ _____ _____
Last First MI

SSN ___ - ___ - ____ Date of Birth ___ / ___ / ____

Child 2 Name _____ _____ _____
Last First MI

SSN ___ - ___ - ____ Date of Birth ___ / ___ / ____

(See reverse side to add additional dependents)

PARTICIPANT'S SIGNATURE DATE

Child 3 Name

Last First MI

SSN - - Date of Birth / /

Child 4 Name

Last First MI

SSN - - Date of Birth / /

Child 5 Name

Last First MI

SSN - - Date of Birth / /

Child 6 Name

Last First MI

SSN - - Date of Birth / /

Child 7 Name

Last First MI

SSN - - Date of Birth / /

Child 8 Name

Last First MI

SSN - - Date of Birth / /

Child 9 Name

Last First MI

SSN - - Date of Birth / /