

**MIDWEST OPERATING ENGINEERS FRINGE BENEFIT FUNDS**

WELFARE FUND • PENSION TRUST FUND • VACATION SAVINGS PLAN • APPRENTICESHIP FUND  
 6150 JOLIET ROAD • COUNTRYSIDE, IL 60525-3994 • (708) 482-7300 • FAX (708) 482-3056  
 JAMES M. SWEENEY CHAIRMAN JOHN E. KENNY, JR., SECRETARY-TREASURER

Date: \_\_\_\_\_

Member's SS#: \_\_\_\_\_

Member's Phone: \_\_\_\_\_

In order to establish your claim file accurately, please use this form to enroll yourself and your eligible dependents. Also, fill in their dates of birth, your complete home address, Social Security Number, and their relationship to you. If you need more room, use the back of this form. **THE FUND ALSO REQUIRES A CERTIFIED COPY OF THE BIRTH CERTIFICATE OR ADOPTION PAPERS FOR YOUR COVERED CHILDREN. IF YOU ARE MARRIED, ALSO INCLUDE A CERTIFIED COPY OF YOUR MARRIAGE CERTIFICATE SIGNED FROM THE COUNTY.** Return the completed form to the address shown at the top.

FIRST AND LAST NAME (RELATIONSHIP)	BIRTH DATE	CURRENT COMPLETE HOME ADDRESS	SOCIAL SECURITY NUMBER
(member)			
(spouse)			

Is your spouse employed? (Circle One) **Yes No** If yes, show full name, complete address and phone number of your spouse's employer and insurance carrier below:

Name and address: \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and address of insurance carrier: \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number: \_\_\_\_\_