



PARTICIPANT DATA FORM

Plan Participant Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Social Security #: _____ E-mail Address: _____

Employee #: _____

Participating Employer / Bargaining Unit: _____

Date of Hire: _____ Date of Termination: _____
(with participating employer above) (if applicable)

Spouse Name: _____ Social Security #: _____

Date of Birth: _____ Date of Marriage: _____

Dependent Information:

Name: _____ Relationship: _____

Social Security #: _____ Date of Birth: _____

Name: _____ Relationship: _____

Social Security #: _____ Date of Birth: _____

Name: _____ Relationship: _____

Social Security #: _____ Date of Birth: _____

I certify under penalty of perjury that the foregoing is true and correct. I understand that the Trust may pursue legal and equitable remedies and/or recoupment of benefits against me for any false, fraudulent or misleading information provided now or in other communications with the Trust Office.

Participant's Signature

Date