



PARTICIPANT DATA FORM

Plan Participant Name: _____	
Address: _____	
Phone #: _____	Date of Birth: _____
Social Security #: _____	E-mail Address: _____
Employee #: _____	
Participating Employer / Bargaining Unit: _____	
Date of Hire: _____ <small>(with participating employer above)</small>	Date of Separation: _____ <small>(if applicable)</small>
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