SEIU/NAGE Local 5000

# TRIAL COURT OF MASSACHUSETTS

Health and Welfare Fund

## Enrollment Form

*Employee Information*

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____ Bargaining Unit: _____

Date of Birth: _____ Date of Hire: _____

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*Dependent Information* (verification required)

Spouse - *Marriage Certificate Required*
Child - *Birth Certificate Required (Student verification 19-25 yrs.)*
Disabled Child - *Verification Required*
Legal Custody - *Verification Required*

| First Name | Last Name | Relationship | Date of Birth | Sex |
|---|---|---|---|---|
| | | | | ☐M ☐F |
| | | | | ☐M ☐F |
| | | | | ☐M ☐F |
| | | | | ☐M ☐F |
| | | | | ☐M ☐F |

If applicable - You must submit a copy of your marriage certificate and/or birth certificates when adding eligible dependents

Signature of Employee: _____ Date: _____

159 Burgin Parkway | Quincy, MA 02169
phone: 617-773-8947 | toll free: 1-800-641-0700 | fax: 617-773-8637