

CENSUS FORM

Social Security # _____ Gender (Circle one) _____ Date of Birth mm/dd/yyyy _____

Member's Legal Name (Last name, First name, M.I.): _____ Union Book # _____

Last First M.I.

Mailing Address: _____

City State Zip Code

Home Telephone # _____ Cell Phone # _____ Marital Status (Circle one) _____

S M D W

E-mail Address _____ Mother's Maiden Name _____
 Classification (Check one) Local Union # _____ Is your spouse a Local Union member? (Circle one) _____
 Welder/Journeyman Helper _____ **N Y** Local # _____

Beneficiary Death Benefit (If this section is not completed, your beneficiary is your spouse, then your children, then your estate)
 Primary:

Name / Relationship Mailing Address Social Security #

Secondary: (Should the Primary be deceased.)

Name / Relationship Mailing Address Social Security #

LEGAL DEPENDENTS

- The following members of your family are considered DEPENDENTS:
- Your spouse
 - Your children under nineteen years of age
 - Your children from nineteen to twenty-six years of age who do not have insurance available through employment.*
 - ***NOTE: These children are subject to annual open enrollment**

Name of Spouse
(Enclose copy of Marriage Certificate) Social Security # _____ Date of Birth _____ Date of Marriage _____

Dependent Children
(Enclose copy of Birth Certificate) Social Security # _____ Date of Birth _____ Gender (Circle One) _____ Employer's Name and Phone # _____

Child's Legal Name	Social Security #	Date of Birth	Gender (Circle One)	Employer's Name and Phone #
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**THIS FORM MUST BE FILLED OUT AND RETURNED TO THE FUND OFFICE
 P.O. BOX 470950, TULSA, OKLAHOMA 74147-0950 TEL: 918-280-4800**

I certify the information on this form is true and correct. I authorize the Administrative staff to make changes to this card as requested by me in writing.

Signature of Member: _____ **Date:** _____