

C.W.A. Local 1183 Health & Welfare Fund

58-38 69th street, 2 Front

Maspeth, New York 11378

718-268-6374 Fax 718-793-4220

Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_ Ext \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Marital Status \_\_\_\_\_

Eligible Dependents (Legal Documentation required)

Full Name

Relationship

Date of Birth

Signature \_\_\_\_\_ Date \_\_\_\_\_