

Alaska Electrical Health & Welfare Fund
2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576

ENROLLMENT/CHANGE FORM

PURPOSE FOR COMPLETING FORM

- | | |
|--|--|
| <input type="checkbox"/> New Employee
<input type="checkbox"/> Address Change
<input type="checkbox"/> Change of Dependents
<input type="checkbox"/> Beneficiary Change | <input type="checkbox"/> Name Change (previous name) _____
<input type="checkbox"/> Marriage (date of marriage) _____
<input type="checkbox"/> Divorce (date of divorce) _____
<input type="checkbox"/> Other _____ |
|--|--|

EMPLOYEE IDENTIFICATION

_____	Initial _____	_____
First Name		Last Name

Mailing Address	City _____	State _____ Zip Code _____

Social Security Number _____	Date of Birth _____	Sex _____ Phone Number _____ Marital Status (M/S/D) _____ Marriage Date _____

SPOUSE IDENTIFICATION

_____	Initial _____	_____	Social Security Nu _____	Date of Birth _____	Sex _____	Other Coverage Medical (Y/N) _____ Dental (Y/N) _____
First Name		Last Name				

DEPENDENT CHILDREN

First Name	Initial	Last Name	Social Security Number	Date of Birth	Sex	Relationship	Other Coverage Medical (Y/N) _____ Dental (Y/N) _____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

BENEFICIARY DESIGNATION (Life Insurance)

_____	Initial _____	_____	Relationship _____	Percent of Benefits (must total 100%) _____
First Name		Last Name		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have not already done so, please attach true copies of appropriate marriage certificate, dependent birth certificates, court approved adoption papers, child custody decrees, and/or divorce decree. This information will be used to determine eligibility for claim/benefit purposes. I hereby certify that the above information is true, correct and complete to the best of my knowledge.

Employee Signature _____
Date

**PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE AS FAILURE TO DO SO
MAY DELAY THE PROCESSING OF YOUR CLAIMS**