

ALASKA ELECTRICAL HEALTH AND WELFARE FUND ENROLLMENT/CHANGE FORM

Return form to:
Alaska Electrical H&W Fund
701 E. Tudor, Suite 200
Anchorage, AK 99503
(907) 276-1246 or (800) 478-1246

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 _____ |
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EMPLOYEE IDENTIFICATION

First Name	Initial	Last Name
Mailing Address	City	State
Social Security Number	Date of Birth	Sex
()	Phone Number	Marital Status (M/S/D)
		Marriage Date

SPOUSE IDENTIFICATION

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

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

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**