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

- ☐ New Employee
- ☐ Address Change
- ☐ Change of Dependents
- ☐ Beneficiary Change
- ☐ Name Change (previous name)_____
- ☐ Marriage (date of marriage)_____
- ☐ Divorce (date of divorce) _____
- ☐ Other _____

EMPLOYEE IDENTIFICATION

_____ (First Name) _____ (Initial) _____ (Last Name)

_____ (Mailing Address) _____ (City) _____ (State) _____ - _____ (Zip Code)

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

_____ (Email Address)

SPOUSE IDENTIFICATION

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

DEPENDENT CHILDREN

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