



# Benefit Enrollment Form

Print all information. Return your completed and signed form to Teamsters Local 115 Legal Services Fund.  
(IMPORTANT INFORMATION/INSTRUCTIONS FOR COMPLETION ARE ON BACK OF FORM)

Purpose of filing this form:     **New Member**     **Dependent Add/Drop**     **Name Change**     **Change of Address or Phone #**

## 1. YOUR PERSONAL INFORMATION

Name (Last, First, Middle Initial)	Social Security Number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City, State, Zip	Home Phone	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Employer Name	Date of Hire	Cell Phone	Email Address

## 2. DEPENDENT INFORMATION

Name (Last, First, Middle Initial)	Social Security No.	Date of Birth	Gender	Relationship (See Codes Below)
Spouse			<input type="checkbox"/> M <input type="checkbox"/> F	
Child 1			<input type="checkbox"/> M <input type="checkbox"/> F	
Child 2			<input type="checkbox"/> M <input type="checkbox"/> F	
Child 3			<input type="checkbox"/> M <input type="checkbox"/> F	
Child 4			<input type="checkbox"/> M <input type="checkbox"/> F	

### Relationship Codes:

SP = Spouse; C = Child; FC = Foster Child; SC = Step Child; DP = Domestic Partner; GC = Grandchildren; PC = Partner's Child; DC = Disabled Child

**Dependent eligibility will be determined by the Fund. You may be required to provide additional proof to confirm the eligibility status of one or all of the above dependents.**

## 3. PLEASE READ AND SIGN

The undersigned Participant hereby certifies that any and all information supplied on this Benefit Enrollment Form is true and correct and understands that coverage may be rescinded for misrepresented information or fraud. Further, in the event of fraud or intentional misrepresentation, the Legal Services Fund will require you to repay the Plan for the full amount of any benefits improperly received. I further consent and permit the information contained herein to be used by any and all Teamsters Local 115 Benefit Funds.

**This form replaces all Legal Fund Enrollment/Change forms previously submitted.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date Signed

# TEAMSTERS UNION LOCAL NO. 115 LEGAL SERVICES FUND MEMBER ENROLLMENT FORM

## DOCUMENTS REQUIRED FOR ENROLLMENT

Please provide us with copies of any applicable documentation as outlined below.

In order to assist you in the enrollment process and ensure a smooth transition to the Fund, the following information and/or documentation is required so that you and your dependents are properly enrolled. For those electing coverage for one or more children, the Plan requires that each child meets the necessary requirements to be enrolled as a dependent.

### **ENROLLING ONLY THE EMPLOYEE:**

- Fill out Section 1 (*Your Personal Information*) completely.

### **ENROLLING EMPLOYEE AND SPOUSE:**

- Fill out Sections 1 (*Your Personal Information*) and 2 (*Dependent Information*) completely including your Social Security Numbers for **both** you and your spouse. **Claims cannot be paid until this information is given.**
- Provide a copy of your Marriage License

### **ENROLLING ONE OR MORE CHILDREN:**

Complete Section 2 (*Dependent Information*) and include copies of the following documents:

#### **Dependent Child**

- Birth Certificate of child

#### **Stepchild**

- Birth Certificate of child
- The complete Divorce Decree & Settlement of the natural parents
- Marriage Certificate to current spouse

#### **Adopted Child**

- Final Adoption Papers  
(If the adoption is not yet final, please provide a copy of the Placement Agreement)

### **ENROLLING AN ADULT CHILD BETWEEN THE AGES OF 19 AND 23:**

- Birth Certificate of child
- Proof of full-time student status

**Please return the Enrollment Form with any required documentation to:**

Teamsters Union Local No. 115  
Legal Services Fund  
10965 Decatur Road  
Philadelphia, PA 19154