PIPE TRADES TRUST OF THE NORTHERN ROCKY MOUNTAIN AREA
HEALTH & WELFARE TRUST FUND
PO BOX 5433 SPOKANE WA 99205
PHONE 800-872-8979* FAX 509-535-7883 *EMAIL PIPETRADES.NRM@REHNONLINE.COM

PARTICIPANT DATA FORM

ALL INFORMATION IS REQUIRED

PARTICIPANT INFORMATION

Name of Participant:		**Local:** **OR** ❑ **check if Non-Union /Administrative Employee**	
Social Security Number:	❑ M ❑ F	**Date of Birth:**	**Date of Enrollment or Change:**

Type of Enrollment:
❑ New Enrollment ❑ Marriage ❑ Divorce ❑ Death ❑ Birth/Adoption ❑ Other (please specify) _____

Legal documentation is required for all new enrollments and any changes made:
❑ Birth Certificate ❑ Marriage Certificate ❑ Divorce Decree ❑ Adoption Paperwork ❑ Death Certificate

Address:

_____
(Street address or PO Box Number)

_____
(City, State, ZIP Code)

Telephone:

Home: (_____) _____

Cell: (_____) _____

Email: _____

SPOUSE AND DEPENDENT INFORMATION

Add	Drop	Relationship to Participant	Last Name	First Name	Middle Initial	Social Security Number	Date of Birth (mo/day/year)	Gender
❑	❑							❑ M ❑ F
❑	❑							❑ M ❑ F
❑	❑							❑ M ❑ F
❑	❑							❑ M ❑ F
❑	❑							❑ M ❑ F
❑	❑							❑ M ❑ F
❑	❑							❑ M ❑ F
❑	❑							❑ M ❑ F
❑	❑							❑ M ❑ F

BENEFICIARY DESIGNATION FOR LIFE INSURANCE

Beneficiary's Name:

_____

Relationship to You:

_____

Beneficiary's Address:

_____
(Street address or PO Box Number)

_____
(City, State, ZIP Code)

REQUIRED SIGNATURE

I declare that to the best of my knowledge, all the information on this form is true and complete, and all of the persons for whom I am requesting enrollment are eligible for coverage. The changes on this form supersede all previous forms submitted.

Sign Here →

_____	_____	_____
Participant's Signature	*Print Name*	*Date*

DON'T FORGET TO INCLUDE ANY REQUIRED DOCUMENTATION!

Marriage Certificate
Birth Certificate
Divorce Decree
Adoption Paperwork
DSHS Paperwork
Death Certificate