Heating, Piping and Refrigeration Medical, Pension and Training Funds Steamfitters Local Union 602 Retirement Savings Plan

9411 Philadelphia Road, Suite S - Baltimore, Maryland 21237

Telephone Numbers: (410) 444-3756 (800) 618-2879 Fax (410) 444-0035

ENROLLMENT FORM

Section I – General Information							
Last Name	First 1	Vame		Middle Initial			
Social Security Number	Gende	er		Date of Birth	Union Card Number		
Street Address				City, State, Zip			
Home Telephone Number (include area code)		Marital Status (Circle Or	ne)				
\$	Single	Married	Divorced				

Section II - Heating, Piping and Refrigeration Medical Fund Enrollment Card

Note

In order to add a spouse we must have a copy of your marriage certificate.

In order to add a child we must have a copy of their State issued birth certificate.

If you are adding a child from a previous marriage or a stepchild (a stepchild must reside in your household), we must have a copy of their State issued birth certificate and something indicating that you contribute to at least 50% of their support (i.e. tax return, notarized letter or a court order)

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Dependent Name and Address	Social Security Number	Relationship	Date of Birth

Signature of Participant	 Date	
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