Commonwealth of Massachusetts/NAGE

Health and Welfare Trust Fund

Enrollment Form

Use this form to list your eligible dependents.

Employee Information

Date of Birth: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____ Bargaining Unit: _____

Date of Hire: _____

Dependent Information (verification required)

Spouse - *Marriage Certificate Required*
Child - *Birth Certificate Required*
Disabled Child - *Verification Required*
Legal Custody - *Verification Required*

First Name	Last Name	Relationship	Date of Birth	Sex
				☐M ☐F
				☐M ☐F
				☐M ☐F
				☐M ☐F
				☐M ☐F

If applicable - You must submit a copy of your marriage certificate and/or birth certificates when adding eligible dependents

Signature of Employee: _____ Date: _____

159 Burgin Parkway | Quincy, MA 02169
phone: 617-773-8947 | toll free: 1-800-641-0700 | fax: 617-773-8637