

NAGE/SEIU Local 5000
TRIAL COURT OF MASSACHUSETTS
Health and Welfare Fund

Enrollment Form
Employee Information

Social Security Number: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Title: _____ Work Location: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced

Dependent Information

Relationship Codes: 2-Spouse* 3-Child*** 4-Stepchild** 5-Disabled Child** 6-Legal Custody**
(*Marriage Certificate Required) (**Verification Required) (***)Birth Certificate)

First Name	Last Name	SS#	Date of Birth	Sex	Relationship Code
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Signature of Employee: _____