



PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 630 WELFARE FUND



c/o National Employee Benefits Administrators, Inc.
1920 N. Florida Mango Road | West Palm Beach, Florida 33409
(561) 478-0095 | (800) 822-5899

Welcome to the Plumbers & Pipefitters Local Union No. 630 Welfare Fund. An employee may earn eligibility for benefits under the Fund by satisfying the eligibility requirements outlined in the Summary Plan Description. We encourage you to refer to the Summary Plan Description to learn how your plan works.

The Summary Plan Description explains how you can become eligible for coverage and what is covered by the Fund.

Who is eligible?

Active (Bargaining) Employees: All Employees working in a job classification for whom Participating Employers are required, under the terms of a current Collective Bargaining Agreement, to make contributions to the Plumbers & Pipefitters Local Union No. 630 Welfare Fund. Such Employees will become eligible upon satisfaction of the initial eligibility and continuing eligibility provisions.

Inside (Non-Bargaining) Employees: Participating Non-Bargaining Unit Employees of Special Participating Employers, who have signed a Participation Agreement, for whom contributions to the Fund have been received.

In order to enroll in the Plan, you must complete these enrollment materials.

If you need assistance completing the forms, please call the Fund Office at 1 (800) 822-5899 Monday – Friday between the hours of 8 a.m. – 5 p.m. Eastern Time or you can email our enrollment department at 630enrollment@secure.neba-fl.com.

1. First, tell us about yourself.

First Name		Middle Initial		Last Name	
Gender	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Birthdate	/ /	SS#	
Address					
City		State		Zip Code	

2. If we need to get in touch with you, what do you prefer?

Please mark your preferred method.

<input checked="" type="checkbox"/>	Call me	Phone Number: () -
<input checked="" type="checkbox"/>	Email me	Email Address:
<input checked="" type="checkbox"/>	Send me mail via the U.S. Postal Service to the address I listed above.	

3. Are you enrolling dependents? If so, please provide their information below.

To enroll your dependents you will need to provide copies of their social security cards, birth certificates (for children), and a marriage certificate (for spouse). To add dependents please fill out their information below and submit the required documents to the Fund Office via fax or mail within 15 days. Dependents will not be enrolled in the plan if the documentation is not submitted timely.

	Dependent 1	Dependent 2
<i>Name:</i>		
<i>SSN:</i>		
<i>Address: City, State & Zip:</i>		
<i>Date of Birth:</i>		
<i>Relationship:</i>		
<i>Telephone Number:</i>		

	Dependent 3	Dependent 4
<i>Name:</i>		
<i>SSN:</i>		
<i>Address: City, State & Zip:</i>		
<i>Date of Birth:</i>		
<i>Relationship:</i>		
<i>Telephone Number:</i>		

4. Last, name your beneficiary.

In the event of your death, your named beneficiary will receive the life insurance benefits you qualify for. If you wish to list more than one beneficiary, please tell us what percentage of your benefit you wish to assign to each person. The total of the percentages must equal 100%.

	Beneficiary 1	%	Beneficiary 2	%
<i>Name:</i>		%		%
<i>SSN:</i>				
<i>Address:</i>				
<i>City, State & Zip:</i>				
<i>Date of Birth:</i>				
<i>Relationship:</i>				
<i>Telephone Number:</i>				

	Beneficiary 3	%	Beneficiary 4	%
<i>Name:</i>		%		%
<i>SSN:</i>				
<i>Address:</i>				
<i>City, State & Zip:</i>				
<i>Date of Birth:</i>				
<i>Relationship:</i>				
<i>Telephone Number:</i>				

Contingent Beneficiary

(If your Primary Beneficiaries are deceased)

	Contingent Beneficiary 1	%	Contingent Beneficiary 2	%
<i>Name:</i>		%		%
<i>SSN:</i>				
<i>Address:</i>				
<i>City, State & Zip:</i>				
<i>Date Of Birth:</i>				
<i>Relationship:</i>				
<i>Telephone Number:</i>				

<i>Participant Signature</i>	<i>Date</i>
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