

EMPLOYEE'S HISTORY CARD

Northeast Carpenters Funds • Raritan Plaza II • P.O. Box 7818 • Edison, NJ 08818-7818

I make the following representations to the Trustees: (Please PRINT all except signature)

LAST NAME		FIRST NAME IN FULL		MIDDLE INIT.	SOCIAL SEC. NO.	DATE OF BIRTH	
HOME ADDRESS				CITY & STATE	ZIP CODE	TEL. NO.	
SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		DATE OF MARRIAGE		NO. OF DEPENDENTS		UBC#	
YOUR L.U. NO. AND STATE		DATE OF INITIATION		CHECK CATEGORY: <input type="checkbox"/> Journeyman <input type="checkbox"/> Helper		<input type="checkbox"/> Apprentice Yr. of Apprenticeship _____	
MEDICARE INFORMATION (FOR OFFICE USE ONLY)				SPOUSE			
INSURED				EMAIL:			
LIST SPOUSE AND UNMARRIED CHILDREN / MUST SUBMIT COPY OF MARRIAGE & BIRTH CERTIFICATE							
NAMES OF DEPENDENTS		SOCIAL SECURITY NO.		(V) RELATIONSHIP		DATE OF BIRTH	
				Spouse		Month Day Year	
				Son			
				Daughter			

See reverse side

x _____ Signature _____ Date Signed _____ Certificate No. _____ (over)



THIS CARD SUPERSEDES ALL PREVIOUS DESIGNATIONS

