Plumbers and Steamfitters Local 106
Health and Welfare Fund
822 North Lakeshore Drive
Lake Charles, Louisiana 70601
(337) 433-1447

Member Enrollment

Please Print

Full Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State/Zip)

Birth Date _____ Social Security # _____

Phone No. _____ Present Employer _____

Primary Beneficiary/Relationship _____

Secondary Beneficiary/Relationship _____

Date Signed _____ Signature _____

Name Of Dependents To Be Enrolled:

(Print first name (in full) & middle initial include child's last name (if different) and relationship to insured.)	Sex		Date Of Birth
	M	F	
(Spouse)			
(Child)			

Please complete Eligible Dependent Form **