



**OFFICE OF THE SECRETARY**  
JONATHAN E. THOMAS

# Maryland Electrical Industry Funds

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## TRUSTEES

ROGER LASH  
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JAMES H. CORNELIUS  
PETER P. DEMCHUK  
JONATHAN E. THOMAS  
N. FREDERICK CHURCHMAN

## ENROLLMENT FORM

### Member Information

Last Name	First Name	Middle Initial	
Social Security Number	Gender	Date of Birth	Marriage Date
Street Address	City, State, Zip		
Home Telephone Number (include area code)	Marital Status (Circle One)		
	Single	Married	Divorced

### Dependent Information

**\*\*Note\*\***

In order to add a spouse we must have a copy of your marriage certificate.

In order to add a child we must have a copy of their State issued birth certificate.

If you are adding a child from a previous marriage or a stepchild (a stepchild must reside in your household), we must have a copy of their State issued birth certificate and something indicating that you contribute to at least 50% of their support (i.e. tax return, notarized letter or a court order).

Dependent Name and Address	Social Security Number	Relationship	Date of Birth

**Spouse's Employer**

Employer Name	Telephone Number (include area code)
Street Address	
City/State/Zip	

Do you or your dependents have Medical Coverage through another carrier other than the Maryland Electrical Industry Health Fund? (Circle one)    **Yes**                      **No**

If yes, please provide the following information:

**Other Medical Coverage Information**

Carrier Name	Effective Date
Policy Holder	ID Number
Covered Dependents	Coverage provided (Circle all that apply) Medical                      Prescription Drug Dental                         Optical

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date