



SHEET METAL WORKERS LOCAL 100

(Baltimore Area)
HEALTH AND WELFARE FUND
ANNUITY FUND
DEATH BENEFIT FUND
APPRENTICESHIP FUND

9411 PHILADELPHIA ROAD, SUITE S • BALTIMORE, MARYLAND 21237
TELEPHONE: (443) 573 3635 (888) 805 7996 FAX: (410) 444 0035

Enrollment Form

Section 1 – Personal Information

Member Name (First, Middle Initial, Last)	Social Security Number
Home Street Address	Home Telephone Number (include area code)
City/State/Zip	Date of Birth
Marital Status (circle one) Single Married Divorced	Employer Name

Section 2 – Designation of Beneficiaries

100 Baltimore Area Death Benefit	Baltimore Area Health & Welfare Fund
Baltimore Area Severance & Annuity Fund	Baltimore Area Vacation Fund
S.M.W.I.A. Accidental Death and Dismemberment Policy	Sheet Metal Workers National Pension Fund.

Primary Beneficiary	Social Security Number
Street Address	Telephone Number (include area code)
City/State/Zip	Relationship

Contingent Beneficiary	Social Security Number
Street Address	Telephone Number (include area code)
City/State/Zip	Relationship

I authorize the release to and use by Sheet Metal Workers Local 100 Baltimore Area Fund Office of any medical or other information that may be required to establish the validity of any claim for benefits for myself or my insured dependents and further empower said Companies to disclose any personal information needed for medical case review or study.

I certify that I have read this form and verify that any information provided by me is correct.

Member Signature	Date
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Section 3 – Medical Fund Enrollment Form

****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 stepchild, we must have a copy of their State issued birth certificate and evidence of support (i.e. tax return or a court order).

Dependent Name First, Middle Initial, Last)	Social Security Number	Relationship	Date of Birth

Section 4 – 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 Sheet Metal Local 100 Baltimore Area Health and Welfare 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	

Important: If you had health coverage prior to becoming covered under the Sheet Metal Workers Local #100 (Baltimore Area) Health & Welfare Fund, please provide a ‘certificate of creditable coverage’ so the Fund’s Pre-Existing Condition clause is not applied.