



# NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785



TELEPHONE  
(301) 577-1700

## HEALTH COVERAGE ENROLLMENT FORM

TOLL FREE  
(800) 638-2603

### EMPLOYEE/PARTICIPANT INFORMATION

_____ SOCIAL SECURITY NUMBER	_____ LAST NAME	_____ FIRST NAME	_____ INITIAL	_____ LOCAL UNION
		<input type="checkbox"/> MALE		
		<input type="checkbox"/> FEMALE		
_____ STREET ADDRESS OR P.O. BOX	_____ BIRTH DATE	_____ MARITAL STATUS	_____ DATE OF MARRIAGE	
_____ CITY	_____ STATE	_____ ZIP	_____ HOME PHONE	_____ CELL PHONE
				_____ EMAIL ADDRESS

### SPOUSE INFORMATION (IF NONE, SKIP TO NEXT SECTION)

_____ NAME (FIRST, INITIAL, LAST)	_____ SOCIAL SECURITY NO. OR HICN	_____ BIRTH DATE	_____ TELEPHONE NUMBER	_____ EMAIL ADDRESS
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### DEPENDENT CHILDREN INFORMATION (IF NONE, SKIP TO SIGNATURE SECTION)

_____ NAMES (FIRST, INITIAL LAST)	_____ SOCIAL SECURITY NO. OR HICN	_____ RELATIONSHIP	_____ BIRTH DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR HEALTH BENEFITS COVERAGE IS PROVIDED BY THE NASI WELFARE FUND. A PLAN BOOKLET IS AVAILABLE FROM THE FUND OFFICE OR YOU CAN DOWNLOAD A COPY OF THE PLAN BOOKLET FROM THE FUND'S WEBSITE — [HTTP://WWW.NASIFUND.ORG](http://www.nasifund.org). YOU SHOULD REVIEW THE PLAN BOOKLET FOR A COMPLETE DESCRIPTION OF THE PLAN RULES AND BENEFITS.

YOUR FAMILY WILL BECOME ELIGIBLE FOR BENEFITS UNDER THE RULES OF THE NASI WELFARE PLAN — TYPICALLY THIS OCCURS EFFECTIVE ON THE FIRST DAY OF THE MONTH AFTER YOU HAVE WORKED 600 HOURS IN COVERED EMPLOYMENT WITHIN A SIX-MONTH PERIOD. ELIGIBILITY IS NOT GRANTED UNTIL AFTER YOUR EMPLOYER HAS MADE THE REQUIRED CONTRIBUTIONS.

YOU ARE RESPONSIBLE FOR ADVISING THE NASI WELFARE FUND OF ANY CHANGE IN YOUR MARITAL STATUS. IF YOU HAVE NOT PREVIOUSLY ENROLLED YOUR SPOUSE, YOU WILL NEED TO INCLUDE A COPY OF YOUR MARRIAGE CERTIFICATE WITH THIS ENROLLMENT FORM. SIMILARLY, IF YOU ARE ADDING DEPENDENT CHILDREN THAT YOU HAVE NOT PREVIOUSLY ENROLLED, YOU WILL NEED TO INCLUDE A COPY OF THE BIRTH CERTIFICATE FOR EACH NEW DEPENDENT CHILD.

**Please submit the form to:** NASI Welfare Fund  
8000 Corporate Drive  
Landover, MD 20785

or fax to (301)429-4765

**Questions:** please call the Fund Office at (800) 638-2603

BY MY SIGNATURE BELOW, I STATE THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
EMPLOYEE/PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE