

# Operating Engineers' Local No. 428 Trust Funds

HEALTH AND WELFARE  
PENSION

ADMINISTRATIVE OFFICE

VACATION

2001 West Camelback Road, Ste. 350  
Phoenix, Arizona 85015  
(602) 264-1804

Mailing Address  
P.O. Box 16200  
Phoenix, AZ 85011-6200

## Re: Enrollment Information

**Dear Participant,**

**The following information is required, if applicable to be eligible for the Operating Engineers Local 428 H&W Trust Fund.**

- 1. Copy of your certified marriage certificate; or if you have a record of marriage be sure to send a copy of the front and back of the document showing the judges signature.**
- 2. Copy of birth certificates for all dependent(s). This is for children only we do not need one for the member or spouse.**
- 3. Copy of the divorce decree if you are covering dependent(s) from a previous marriage. Same for the spouse if you are covering their dependent(s) we will need a copy of the divorce decree, showing who has medical responsibility on the dependent(s). If you or your spouse were never married send a letter stating that and if the natural parents does or does not have other insurance on the dependent(s) . If the natural parent does carry health insurance on the dependent(s) send a copy of the insurance card.**

**If you have further questions please do not hesitate to contact our customer service department at (602) 264-1804.**