

**OPERATING ENGINEERS' LOCAL NO. 428 HEALTH & WELFARE TRUST FUND**

2001 West Camelback Road #350  
 Mailing Address: P.O. Box 16200 ~ Phoenix, Arizona 85011-6200  
 (602) 264-1804

**ENROLLMENT FORM**

**PLEASE PRINT ALL  
 INFORMATION**

Last Name		First Name In Full		Middle Initial	
Home address	City	State	Zip Code	Telephone Number	
Social Security Number	Local Union No.	Sex (circle one)			
		M      F			
Date Of Birth		Married	Single		
Month	Day	Year			
Death Benefit To Be Paid To (Full Name)		Relationship			
Residence of Beneficiary					
Street	City or Town	State	Zip		
<b>LIST BELOW NAMES OF YOUR SPOUSE AND DEPENDENT CHILDREN</b>					
List Names In Order of Age Eldest First	Social Security Number	Relation	Date of Birth		
			Month	Day	Year

\_\_\_\_\_  
**SIGNATURE (Participant Must Sign)**

\_\_\_\_\_  
**Date Signed**