Teamsters Local 641 Welfare Fund

714 Rahway Avenue, 2nd Floor, Union, NJ 07083
Telephone: (908)687-4488
Fax: (908)687-8368
www.641funds.org

Check here if change of address only. ☐

Census Form

Important: No Benefits Will Be Paid Unless This Form is Fully and Properly Completed, Signed and Returned to the Fund Office.

PLEASE PRINT BELOW:

Social Security Number	First Name	Middle Initial	Last Name

ADDRESS: Number and Street	Apt. No.	City	State	Zip

Phone Number Area ( )	Employer Name	Address

Birth Date: Mo. / Day / Yr. ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Employment Status: ☐ Active ☐ Retired

If Retired, Name & Address of your present employer:

Name and Address of Spouse's Employer:

Does spouse have medical coverage where he/she works? ☐ Yes ☐ No If yes, check type of coverage(s): ☐ Basic ☐ Major Medical ☐ Dental ☐ RX ☐

DEPENDENTS

MUST ATTACH MARRIAGE CERTIFICATE AND BIRTH CERTIFICATE(S) THAT SHOWS ***BOTH PARENTS' NAMES***

First Name	Initial	Last Name	Address	Sex M or F	Relation	Date of Birth
					☐ Spouse	
					☐ Son ☐ Daughter	
					☐ Son ☐ Daughter	
					☐ Son ☐ Daughter	
					☐ Son ☐ Daughter	
					☐ Son ☐ Daughter	

BENEFICIARY INFORMATION

Social Security Number	First Name	Last Name

ADDRESS: Number and Street	Apt. No.	City Benefciary	State	Zip

Relationship to You (Son, Daughter, Nephew, etc.)	Date of Birth	Telephone #
	/ /	

Note any additional information on reverse side.

I hereby certify that the above statements are true and that false statements will disqualify me for benefits.

EMPLOYEE'S SIGNATURE _____ DATE _____