Southwest Health Benefits Fund

PERSONAL DATA

BENEFITS ENROLLMENT

WWW.SWHBF.COM

Employee Name (First, Middle Initial, Last)		Social Security Number		Date of Birth (MM/DD/YYYY)
Home Address	**City**		**State**	**Zip Code**
Home Phone #	**Gender** ☐ Male ☐ Female	**Marital Status** ☐ Single ☐ Married ☐ Divorced ☐ Widowed	**Local Union**	

DEPENDENT DATA

Name (First, MI, Last)	Relationship	Social Security Number	Birth Date MM / DD / YYYY	Gender
				☐ Male ☐ Female
				☐ Male ☐ Female
				☐ Male ☐ Female
				☐ Male ☐ Female
				☐ Male ☐ Female
				☐ Male ☐ Female
				☐ Male ☐ Female

NOTE: *Documentation must be provided when adding spouses and/or dependents - marriage license, birth certificate, etc.*

AUTHORIZATION

With this benefit election form, I hereby authorize my employer to enroll my dependents as listed above. I understand that:

- I cannot change this election during the Plan Year unless I have a change in family status, (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse) and such other events as the Plan Administrator determines will permit a change or revocation of an election.

_____ _____

Employee Signature ***Date***

** Please remit back to Fund office at **
8441 Gulf Freeway Suite 304
Houston TX 77017
or you can fax to fund office at
1-866-316-4794

Learn More Here

If you have any questions about your medical plan please call the fund office at 1-866-236-3148

The current schedule of benefits can be found on the fund's website - www.SWHBF.com