

**Utah Laborers' Health & Welfare Trust Fund
 Utah Laborers' Pension Trust Fund
 Utah Laborers' Annuity Plan
 Laborers' Vacation Trust Fund of Utah**

ENROLLMENT FORM
 Telephone: (801) 973-1010
 1-800-928-1001

PARTICIPANT INFORMATION

LAST NAME	SR/JR	FIRST NAME	MIDDLE NAME
ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	

SPOUSE INFORMATION

LAST NAME	SR/JR	FIRST NAME	MIDDLE NAME
EMPLOYER'S NAME	PHONE NUMBER	OTHER GROUP INSURANCE	PHONE NUMBER
ADDRESS		ADDRESS	
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	DATE OF MARRIAGE MEDICARE IF OVER 65

DEPENDENT CHILDREN INFORMATION

The term "dependent" is limited to the Employee's lawful spouse and the Employee's unmarried children until they attain age 19 or 23 if full-time student.

NAME	SOCIAL SECURITY NO. (Required by Federal Law)	SEX	RELATIONSHIP	DATE OF BIRTH

BENEFICIARY INFORMATION

NAME AND ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	LIFE INSURANCE FROM H&W	VACATION	ANNUITY BENEFIT (DEFINED CONTRIBUTION)	DEATH BENEFIT FROM PENSION PLAN

I hereby declare that the above provided information is complete, true and correct.

Date _____

(Sign Full Name)

Signature of Employee

COMPUSYS/UT
 2156 West 2200 South
 Salt Lake City, Utah 84119-1376