



AUTOMOBILE MECHANICS' LOCAL 701 WELFARE FUND

361 S. FRONTAGE ROAD, SUITE 100 | BURR RIDGE, IL 60527

TELEPHONE: (708) 482-0110 | TOLL FREE: (800) 704-6270 | FAX: (708) 482-9140

DEPENDENT CHILD ENROLLMENT FORM (AGES 19 through 25)

Participant's Name _____ ID _____

Participant's Address _____

Dependent's Name _____ SSN _____

Dependent's Address (if different) _____

Is Dependent Employed? _____ If Yes, Name of Employer _____

Address of Dependent's Employer (If employed) _____

Telephone Number of Dependent's Employer (if employed) _____

Is Dependent Married? _____ If So, Name of Dependent's Spouse _____

Is Dependent's Spouse Employed? _____ If So, Name of Employer _____

Address of Dependent's Spouse's Employer (If employed) _____

Telephone Number of Dependent's Spouse's Employer (if employed) _____

I hereby attest that insurance coverage is not available to this Dependent through either his/her direct employer or through his/her spouse's employer. You have our permission to contact the employer(s) listed above, if applicable, for verification of insurance availability. I understand that if this information changes, it is our responsibility to notify the Fund Office immediately.

Participant's Signature _____ Date: _____

Dependent's Signature _____ Date: _____

Dependent's Spouse's Signature: _____ Date: _____

PLEASE ATTACH A COPY OF THE DEPENDENT'S CERTIFIED BIRTH CERTIFICATE