

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 152 HEALTH AND WELFARE FUND

27 ROLAND AVENUE, SUITE 100
MOUNT LAUREL, NJ 08054-1056

(856) 793-1598 • (800) 555-4959 • Fax (856)793-3100

Dear Participant,

Your benefits will be administered by the UFCW Local 152 Health and Welfare Fund. In order to enroll you and/or your eligible dependents, we ask that you please complete the enclosed Enrollment Card (both sides). The Enrollment Card requests information about you and/or your eligible dependents and is vital to the administration of your benefits. **Without a completed Enrollment Card we are unable to complete the entire process of your benefits.**

Please note that in addition to a completed Enrollment Card, the Fund office will need the following documents. **Please send copies of these documents to us with your completed Enrollment Card.**

REQUIRED DOCUMENTS

- If married - Copy of marriage certificate **AND** a copy of the front page of your latest filed federal tax return confirming your spouse; **OR** documentation dated within the last 6 months establishing current residency status with your spouse.
- Copy of birth certificates for all eligible dependent children showing the full name of both parents, or a Qualified Medical Child Support Order properly issued by Family Court, **AND** if a Step child, a copy of the front page of your latest federal tax return confirming the status of the child as a dependent in addition to the birth certificate.
- Your dependents age(s) 19 to 26, we are enclosing one adult enrollment form with this packet. If you have more than one adult dependent, please copy, complete and **attach the requested information**. Your adult dependent **will not** be enrolled without this completed form.

We look forward to serving you and/or your family. If you have any questions or require assistance, please contact the Fund Office at 856-793-1590 or 800-555-4959.

Sincerely,

Nancy Delgado

Nancy Delgado
Eligibility Manager