



# NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785

417



TELEPHONE  
(301) 577-1700

## HEALTH COVERAGE ENROLLMENT FORM

TOLL FREE  
(800) 638-2603

### EMPLOYEE/PARTICIPANT INFORMATION

417

_____	_____	_____	_____	_____	_____
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	INITIAL	LOCAL UNION	
		<input type="checkbox"/> MALE			
		<input type="checkbox"/> FEMALE			
_____	_____	_____	_____	_____	_____
STREET ADDRESS OR P.O. BOX	BIRTH DATE	MARITAL STATUS	DATE OF MARRIAGE		
_____	_____	_____	_____	_____	_____
CITY	STATE	ZIP	HOME PHONE	CELL PHONE	EMAIL ADDRESS

### SPOUSE INFORMATION (IF NONE, SKIP TO NEXT SECTION)

_____	_____	_____	_____	_____
NAME (FIRST, INITIAL, LAST)	SOCIAL SECURITY NO. OR HICN	BIRTH DATE	TELEPHONE NUMBER	EMAIL ADDRESS

### DEPENDENT CHILDREN INFORMATION (IF NONE, SKIP TO SIGNATURE SECTION)

_____	_____	_____	_____
NAMES (FIRST, INITIAL LAST)	SOCIAL SECURITY NO. OR HICN	RELATIONSHIP	BIRTH DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR HEALTH BENEFITS COVERAGE IS PROVIDED BY THE NASI WELFARE FUND. A PLAN BOOKLET IS AVAILABLE FROM THE FUND OFFICE OR YOU CAN DOWNLOAD A COPY OF THE PLAN BOOKLET FROM THE FUND'S WEBSITE — [HTTP://WWW.NASIFUND.ORG](http://www.nasifund.org). YOU SHOULD REVIEW THE PLAN BOOKLET FOR A COMPLETE DESCRIPTION OF THE PLAN RULES AND BENEFITS.

YOUR FAMILY WILL BECOME ELIGIBLE FOR BENEFITS UNDER THE RULES OF THE NASI WELFARE PLAN — TYPICALLY THIS OCCURS EFFECTIVE ON THE FIRST DAY OF THE MONTH AFTER YOU HAVE WORKED 600 HOURS IN COVERED EMPLOYMENT WITHIN A SIX-MONTH PERIOD. ELIGIBILITY IS NOT GRANTED UNTIL AFTER YOUR EMPLOYER HAS MADE THE REQUIRED CONTRIBUTIONS.

YOU ARE RESPONSIBLE FOR ADVISING THE NASI WELFARE FUND OF ANY CHANGE IN YOUR MARITAL STATUS. IF YOU HAVE NOT PREVIOUSLY ENROLLED YOUR SPOUSE, YOU WILL NEED TO INCLUDE A COPY OF YOUR MARRIAGE CERTIFICATE WITH THIS ENROLLMENT FORM. SIMILARLY, IF YOU ARE ADDING DEPENDENT CHILDREN THAT YOU HAVE NOT PREVIOUSLY ENROLLED, YOU WILL NEED TO INCLUDE A COPY OF THE BIRTH CERTIFICATE FOR EACH NEW DEPENDENT CHILD.

**Please submit the form to:** NASI Welfare Fund  
8000 Corporate Drive  
Landover, MD 20785

or fax to (301)429-4765

**Questions:** please call the Fund Office at (800) 638-2603

BY MY SIGNATURE BELOW, I STATE THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
EMPLOYEE/PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE



# NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785

417



TELEPHONE  
(301) 577-1700

## BENEFICIARY DESIGNATION FORM

TOLL FREE  
(800) 638-2603

### EMPLOYEE/PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER      LAST NAME      FIRST NAME      INITIAL      LOCAL UNION

STREET ADDRESS OR P.O. BOX      BIRTH DATE      EMAIL ADDRESS

CITY      STATE      ZIP      HOME PHONE      CELL PHONE

### PRIMARY BENEFICIARY

NAME      SSN      PERCENTAGE

STREET ADDRESS OR P.O. BOX      BIRTH DATE

CITY      STATE      ZIP      RELATIONSHIP

(H) PHONE      (C) PHONE      EMAIL ADDRESS

### CO-BENEFICIARY (to share with primary beneficiary if desired)

NAME      SSN      PERCENTAGE

STREET ADDRESS OR P.O. BOX      BIRTH DATE

CITY      STATE      ZIP      RELATIONSHIP

(H) PHONE      (C) PHONE      EMAIL ADDRESS

### ALTERNATE BENEFICIARY (To be used in the event your primary beneficiary dies before you.)

NAME      SSN      PERCENTAGE

STREET ADDRESS OR P.O. BOX      BIRTH DATE

CITY      STATE      ZIP      RELATIONSHIP

(H) PHONE      (C) PHONE      EMAIL ADDRESS

### CO-ALTERNATE BENEFICIARY (to share with alternate beneficiary if desired)

NAME      SSN      PERCENTAGE

STREET ADDRESS OR P.O. BOX      BIRTH DATE

CITY      STATE      ZIP      RELATIONSHIP

(H) PHONE      (C) PHONE      EMAIL ADDRESS

LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE IS PROVIDED BY THE NASI WELFARE FUND THROUGH AN INSURANCE COMPANY CHOSEN BY THE BOARD OF TRUSTEES. A PLAN BOOKLET IS AVAILABLE FROM THE FUND OFFICE OR YOU CAN DOWNLOAD A COPY OF THE PLAN BOOKLET FROM THE FUND'S WEBSITE — [HTTP://WWW.NASIFUND.ORG](http://WWW.NASIFUND.ORG). YOU SHOULD REVIEW THE PLAN BOOKLET FOR A COMPLETE DESCRIPTION OF THE PLAN RULES AND BENEFITS.

YOU DO NOT NEED TO PROVIDE A CO-BENEFICIARY, ALTERNATE BENEFICIARY OR CO-ALTERNATE BENEFICIARY. IN THE EVENT YOU DIE AND YOU HAVE NOT NAMED A BENEFICIARY OR YOUR DESIGNATED BENEFICIARY IS NOT THEN LIVING, BENEFITS WILL BE PAID IN ACCORDANCE WITH THE PLAN BOOKLET.

ANY SUM BECOMING PAYABLE TO A BENEFICIARY BY REASON OF MY DEATH SHALL BE PAYABLE TO THE ABOVE-LISTED BENEFICIARY(IES). THIS DESIGNATION SHALL REVOKE ANY AND ALL DESIGNATIONS OF BENEFICIARIES WITH REGARD TO THE NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND.

**Please mail this form to:** NASI Welfare Fund  
8000 Corporate Drive  
Landover, MD 20785

**Questions:** please call the Fund Office at (800) 638-2603

EMPLOYEE/PARTICIPANT SIGNATURE

DATE