



# NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785

417



TELEPHONE  
(301) 577-1700

## PENSIONER MEDICAL ENROLLMENT FORM

TOLL FREE  
(800) 638-2603

### RETIRED EMPLOYEE/PARTICIPANT INFORMATION

417

SOCIAL SECURITY NUMBER      LAST NAME      FIRST NAME      INITIAL      LOCAL UNION

STREET ADDRESS OR P.O. BOX      BIRTH DATE       MALE      MARITAL STATUS      DATE OF MARRIAGE  
 FEMALE

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

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

YOU ARE RESPONSIBLE FOR ADVISING THE NASI WELFARE FUND OF ANY CHANGE IN YOUR MARITAL STATUS

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

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

BY MY SIGNATURE BELOW, I AUTHORIZE THE NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND TO DEDUCT FROM MY PENSION CHECK ANY PAYMENT REQUIRED BY THE NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND ("WELFARE FUND") FOR PARTICIPATION IN THE WELFARE FUND. THIS AUTHORIZATION IS VOLUNTARY AND MAY BE REVOKED AT ANY TIME. THIS AUTHORIZATION IS NOT AN ASSIGNMENT TO THE WELFARE FUND AND DOES NOT CREATE ANY RIGHT ENFORCEABLE BY THE WELFARE FUND AGAINST THE PENSION FUND FOR ANY PART OF MY PENSION BENEFIT.

IN ADDITION, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED COBRA ELECTION INFORMATION FROM THE WELFARE FUND. I HEREBY REJECT THE COBRA BENEFITS OFFERED BY THE FUND FOR MYSELF AND ANY SPOUSE AND DEPENDENTS I HAVE INCLUDED ON THIS FORM ABOVE AND ELECT THE PENSIONER MEDICAL BENEFITS OFFERED BY THE WELFARE FUND FOR MYSELF AND ANY SPOUSE AND DEPENDENTS NAMED ON THIS FORM ABOVE. THIS ELECTION IS TO BE EFFECTIVE UPON THE TERMINATION OF MY ELIGIBILITY AS AN ACTIVE PARTICIPANT.

\_\_\_\_\_  
RETIREEE/PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE