Enrollment Form for the West Virginia Laborers' Insurance and Pension Trust Fund

The West Virginia Laborers' Trust Funds have received hours and contributions on your behalf. You may be eligible for health insurance and/or retirement benefits. Please complete this document and mail it to our office at: 1 Union Square, Suite 200, Charleston, WV 25302. You may fax it to 304-342-2610. You may also fill out the online Enrollment Form through our Participant Portal at http://www.wvlaborers.com/. If you are mailing in the form, please provide a copy of the following documents in order for us to process your, and any applicable dependents', health insurance eligibility, pension eligibility, and annuity eligibility (if applicable).

- ☐ Marriage Certificate (if you are married)
- ☐ Legal Divorce Documents (to remove ex-spouse from pension)
- ☐ Birth Certificates (for all children you want covered)
- ☐ Adoption Affidavit (for any adopted or step children you want covered)

Full Legal Name: ____ Date of Birth: ____/____/_______

Home Mailing Address: ____

Circle one: Single / Married / Widow(er)

Local Union* No. _________

Social Security Number: ______-____-________

Local Entry Date: ____/____/________

Phone Number (Circle one - Home / Mobile): ________-________-________________

Participant's Signature: ____

Designation of Beneficiary:

Full Legal Name: ____ Relationship: ________________

Home Mailing Address: ____

Social Security Number: ______-____-________

*Please note that if you are married and have designated someone other than your spouse to receive your death benefits, the Plan can not honor your designation unless both you and your spouse complete additional documentation. Please contact the Fund Office at 304-342-5142 for more information. You may change your beneficiary at any time by providing the proper documentation.

For health insurance coverage, list below the information for your spouse and all dependents under 26 years of age.

Name	Relationship	Social Security #	Date of Birth

*If you are a member of an out-of-state local, please contact the Fund Office to complete the appropriate reciprocal documents.