



Mail: P.O. Box 4100 · Concord, CA 94524-4100  
 Telephone: (800) 552-2400 · Facsimile: (925) 746-7549  
 www.ufcwtrust.com

## BENEFITS REGISTRATION FORM

PLEASE PRINT CLEARLY

Member's Personal Information		
<b>First Name:</b>	<b>Last Name:</b>	<b>Last 4 Digits of SSN:</b>
<b>Date of Birth:</b> ____/____/____ Month Day Year	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Current Marital Status:</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Complete Contact Information		
<b>Street Address or PO Box:</b>		<b>Apartment or Suite #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone Number:</b> ( ) ( )	<b>Mobile Phone Number:</b> ( ) ( )	<b>Email Address:</b>
<b>Employer</b>	<b>Union Local #</b>	<b>Date of Hire</b>
<b>Signature - Must be signed by Member or Legal Representative:</b>		<b>Date:</b>

**This form does not enroll you in any benefits.** Benefit enrollment information will be provided to you separately. The information provided on this form is intended for UFCW & Employers Trust, LLC records. If applicable, the information will be used to provide you with health and/or pension related benefit information.

Please send the completed and signed form to:

**UFCW & Employers Trust, LLC**  
**Attention: Address Unit**  
**P.O. Box 4100**  
**Concord, CA 94524-4100**

The information you provide UFCW & Employers Trust, LLC on this form will be shared with the benefit funds in which you participate and which are administered by UFCW & Employers Trust, LLC, in order to ensure communications for all Funds continue to reach you.

