

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union - Pacific
Maritime Association www.benefitplans.org

Coastwise Indemnity Plan

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CA 94109 Phone (415) 673-8500
Fax (415) 749-1400

Enrollment Form

PRINT LEGAL NAME		ADDRESS	
Legal Last Name		STREET	
Legal First Name		Initial	CITY STATE
REGISTRATION #	LOCAL #	ZIP CODE	PHONE # ()

MARITAL STATUS

SINGLE DIVORCED (Date) ____ / ____ / ____
 MARRIED (Date) ____ / ____ / ____ WIDOWED (Date) ____ / ____ / ____

List below yourself, your spouse, and your eligible dependent children whom you wish to enroll in the Coastwise Indemnity Plan.

PRINT	Legal Last Name	Legal First Name	Initial	Social Security #	Date of Birth Month / Day / Year	Male / Female	Relationship
Self							
Spouse							
Child							
Child							
Child							
Child							
Child							
Child							

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE

DATE