

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

Phone (415) 673-8500

Fax (415) 749-1400

Enrollment Form

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

MARITAL STATUS					
SINGLE	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>	(Date) _____ / _____ / _____	
MARRIED	<input type="checkbox"/>	(Date) _____ / _____ / _____	WIDOWED	<input type="checkbox"/>	(Date) _____ / _____ / _____

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

PRINT	Last Name	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**