

IBEW Local 701
ENROLLMENTS / TERMINATIONS for Monthly Flat Rate Agreements

EMPLOYER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AGREEMENT / CONTRACT: _____

NEW ENROLLMENTS

SSN	FIRST NAME	LAST NAME	ADDRESS	CITY/ST/ZIP	PHONE	BIRTH DATE	SEX	MARITAL STATUS	HIRE DATE	COVERAGE EFFECTIVE DATE

EMPLOYEE INFORMATION CHANGE

SSN	FIRST NAME	LAST NAME	ADDRESS	CITY/ST/ZIP	PHONE	BIRTH DATE	SEX	MARITAL STATUS	HIRE DATE	COVERAGE EFFECTIVE DATE

TERMINATED EMPLOYEES

SSN	FIRST NAME	LAST NAME	EMPLOYMENT TERMINATION DATE	COVERAGE TERMINATION DATE

Employer Authorization Signature: _____ Date: _____