

**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: \_\_\_\_\_