



**Application to Union’s Insurance Program**  
***\$10,000 Life insurance for members in good standing***

**PLEASE PRINT – All information is confidential**

**Local No.** \_\_\_\_\_

**Name of Your Employer** \_\_\_\_\_ **Dept.** \_\_\_\_\_

**Your Name** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Hire Date** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_ **Street** \_\_\_\_\_ **Primary Phone No.** \_\_\_\_\_ **Apt #** \_\_\_\_\_  
\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Personal Email** \_\_\_\_\_

**Hours Worked Per Week** \_\_\_\_\_ **Annual Salary** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**If Mailing Address is a PO Box – Please Fill Out Street Address Below:**

\_\_\_\_\_ **County You Live In** \_\_\_\_\_ **Legislative District (If known)** \_\_\_\_\_

**Beneficiary Information**

**Name of Beneficiary** \_\_\_\_\_ (Must have full name, i.e.: Mary A. Doe, NOT Mrs. John J. Doe)

**Date of Birth** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Address of Beneficiary** \_\_\_\_\_

**Your Work Information**

**Work Mailing Address** \_\_\_\_\_

\_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Work Email** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Dept.** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note: all information must be completed to insure coverage.**