

Northwest Glass, Molders, Pottery, Plastics, and Allied Workers Pension Trust

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124

Phone (206) 664-7300 or (800) 426-7132 • Fax (206) 695-0984

EMPLOYEE ENROLLMENT & BENEFICIARY CARD

PRINT IN PEN (OR TYPE) ALL REQUESTED INFORMATION. DO NOT USE PENCIL.

NAME OF EMPLOYEE			
Last	First	Middle Initial	
SOCIAL SECURITY NO.		EMPLOYEE BIRTH DATE	
-		-	
SEX OF EMPLOYEE	<input type="checkbox"/> Male	<input type="checkbox"/> Female	EMAIL ADDRESS
EMPLOYEE HOME PHONE NO.		CELL PHONE NO.	
MAILING ADDRESS OF EMPLOYEE			
Street Address			
City		State	ZIP code
NAME OF EMPLOYER			
DATE OF EMPLOYMENT		UNION AND LOCAL NO.	
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Remarried	
Current Spouse Name		Birthdate	SSN - -
BENEFICIARY IF UNMARRIED (FOR RECEIPT OF ANY PAYABLE DEATH BENEFITS)			
Last	First	Middle Initial	
Address			
Phone		Email Address	
Birthdate		Relation to Employee	
EMPLOYEE SIGNATURE			DATE

NOTE TO EMPLOYER: Be sure to submit new cards for those who have a change in information, in addition to new employees.

081F 03/2018

RETURN A COPY TO THE ADMINISTRATION OFFICE: P.O. BOX 34203 – SEATTLE, WA 98124-1203

Or scan and email to: FORMS@WPAS-INC.COM or Fax to: (206) 505-9727

EMPLOYEE SHOULD RETAIN A COPY FOR THEIR RECORDS