



TWU LOCAL 100
VISION BENEFITS ENROLLMENT/CHANGE FORM
INCOMPLETE FORMS WILL NOT BE PROCESSED

MEMBER INFORMATION New Enrollment Change

Last Name _____	Address _____	
First Name _____	City _____	
Middle Name _____	State _____	Zip Code _____
Contact Phone _____	BSC # _____	Date Appointed _____
D.O.B _____	Email Address _____	

GENDER Male Female
MARITAL STATUS Single Married Domestic Partnership Divorced/Widowed

Spouse, Domestic Partner & Unmarried dependent Children. Dependents are covered to age 26. Dependent eligibility is governed by your group's contract.

<input type="radio"/> Add <input type="radio"/> Remove	<input type="radio"/> Add <input type="radio"/> Remove
Last Name _____	Last Name _____
First Name _____	First Name _____
D.O.B. _____	D.O.B. _____
GENDER <input type="radio"/> Male <input type="radio"/> Female	GENDER <input type="radio"/> Male <input type="radio"/> Female
RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child	RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child

<input type="radio"/> Add <input type="radio"/> Remove	<input type="radio"/> Add <input type="radio"/> Remove
Last Name _____	Last Name _____
First Name _____	First Name _____
D.O.B. _____	D.O.B. _____
GENDER <input type="radio"/> Male <input type="radio"/> Female	GENDER <input type="radio"/> Male <input type="radio"/> Female
RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child	RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child

In order for TWU-Local 100 to complete the processing of your benefits, you must provide us with copies of the following documents:

- Marriage certificate for spouse
- Birth certificate for all dependents
- Social Security cards for all dependents
- Adoption/Legal Guardianship papers for dependent children

Any person who knowingly and with intent to defraud any statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty. **Vision benefits will be effective 90 days after hire date.**
I agree to be liable for any claims presented and paid as a result of such fraudulent act.

Signature _____ Date _____

RETURN COMPLETED FORM TO: Transport Workers Union, Local 100
 180 Livingston Street, 4th Floor Brooklyn, NY 11201
 Email: memberservices@twulocal100.org
 Fax: 347.643.8063

INTERNAL USE TWU Local 100 Effective Date _____ Termination _____