

MO-KAN TEAMSTERS TRUST FUND

P.O. Box 909500, Kansas City, MO 64190 (816) 756-3313

Toll Free 866-756-3313

Last Name			First Name in Full			Middle Name in Full		
Home Address				City and State			Zip Code	
Social Security No.			Date Employee Joined Union		Local Union No.		Home Telephone No.	
Date of Birth			Marital Status		Sex		Name of Present Employer	
Month	Day	Year	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Death Benefits to be Paid to				Relationship		PLEASE PRINT ALL INFORMATION		
Full Name								
SS# of Beneficiary						YOU MAY LIST CONTINGENT BENEFICIARIES ON BACK OF CARD		
Residence of Beneficiary								
Street		City or Town		State				
Date Card is Signed								
_____ 20		_____		_____		signature – use full name		
month		day		year				

ENROLLMENT CARD

List Below Names and ***SOCIAL SECURITY NUMBERS*** of Your Spouse and *ALL* Children Under the Age of 26

List Names in Order of Age - Eldest First	Social Security No.	Check (✓) Relationship				Date of Birth		
		Spouse	Son	Daughter	*Other	Month	Day	Year

*Other

Please Explain: _____
