



PSSU LOCAL UNIT HEALTH & WELFARE FUND

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Harrisburg, PA 17110-9602
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(888) 243-1524
FAX (717) 651-9529
<http://pssuhwfund.org>

STEVEN CATANESE, CHAIR

LINDA R. WHITTINGTON, ADMINISTRATOR

EMPLOYEE ENROLLMENT FORM

DATE: _____ EMPLOYER: _____ Union # _____ (if applicable)

Employee Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address				
City		State	Zip	
Social Security #				
Home Phone #		Work Phone #		
Date of Birth		Date of Hire	Personal Email Address	
Dependent Name	Relationship	Gender	Social Security #	Date of Birth

PLEASE INCLUDE COPY OF MARRIAGE CERTIFICATE AND BIRTH CERTIFICATES OF DEPENDENT CHILDREN

I certify that the above information is true and accurate.

Employee Signature: _____