



PSSU LOCAL UNIT HEALTH & WELFARE FUND

2589 Interstate Drive
Harrisburg, PA 17110-9602
(717) 526-4856
(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 |
|----------------|--------------|--------|-------------------|---------------|
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~~PLEASE INCLUDE COPY OF MARRIAGE CERTIFICATE AND BIRTH CERTIFICATES OF DEPENDENT CHILDREN~~

I certify that the above information is true and accurate.

Employee Signature: _____