

**UNITED FOOD AND COMMERCIAL WORKERS UNION
AND PARTICIPATING FOOD INDUSTRY EMPLOYERS
TRI-STATE PENSION FUND**

3031 B Walton Road, Plymouth Meeting, PA 19462

Phone: 1-866-928-8329 Fax: 610-941-9347

Email: tsfund@ufcwtristatepensionfund.org

ENROLLMENT FORM

Participant's Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Maiden Name (If Applicable): _____

Local Union: _____

Date Employed CSA/Utility Clerk: _____

Date Employed Part-Time: _____

Date Employed Full-Time: _____

Employer and Store Number: _____

Gender: Male Female

Marital Status: Single Married Widowed Divorced Separated

Name of Spouse (If Applicable): _____
(Last) (First) (Middle Initial)

Spouse's Social Security Number: _____

Spouse's Date of Birth: _____

Date of Marriage: _____

Date Signed: _____ Participant's Signature: _____