

# Iron Workers Local Union No. 5 and Iron Workers Employers Association Employees Pension Trust Fund

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Administered by  
Welfare & Pension Administration Service, Inc.

## EMPLOYEE ENROLLMENT & BENEFICIARY CARD for Local 16 Participants

PRINT IN PEN (OR TYPE) ALL REQUESTED INFORMATION. DO NOT USE PENCIL.

<b>NAME OF EMPLOYEE</b>					
Last		First		Middle Initial	
<b>SOCIAL SECURITY NO.</b>			<b>EMPLOYEE BIRTH DATE</b>		
<b>SEX OF EMPLOYEE</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>EMAIL ADDRESS</b>	
<b>EMPLOYEE HOME PHONE NO.</b>			<b>CELL PHONE NO.</b>		
<b>MAILING ADDRESS OF EMPLOYEE</b>					
Street Address					
City		State		ZIP code	
<b>UNION AND LOCAL NO.</b>					
<b>MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried					
Current Spouse Name		Birthdate		SSN - -	
<b>BENEFICIARY IF UNMARRIED (FOR RECEIPT OF ANY PAYABLE DEATH BENEFITS)</b>					
Last		First		Middle Initial	
Address					
Phone			Email Address		
Birthdate			Relation to Employee		
<b>EMPLOYEE SIGNATURE</b>					
<b>DATE</b>					

**NOTE TO EMPLOYER:** Be sure to submit new cards for those who have a change in information, in addition to new employees.

571D 07/2024

RETURN A COPY TO THE ADMINISTRATION OFFICE: P.O. BOX 34203 – SEATTLE, WA 98124-1203

Or scan and email to: [FORMS@WPAS-INC.COM](mailto:FORMS@WPAS-INC.COM) or Fax to: (206) 505-9727

EMPLOYEE SHOULD RETAIN A COPY FOR THEIR RECORDS