SHEET METAL WORKERS
LOCAL NO. 110 HEALTH FUND

Administered by Southern Benefit Administrators, Incorporated

Mailing Address:
P.O. Box 1449
Goodlettsville, TN 37070-1449

Telephone: (615) 859-0131
Toll Free: (800) 831-4914
Fax: (615) 855-6159

Street Address:
2001 Caldwell Drive
Goodlettsville, TN 37072-3589

Complete this form in ink, sign, and return it to the address noted above. This serves as a record of covered dependents as well as your Designation of Beneficiary for your Health Fund benefit purposes.

Employee Full SSN	Employee Last Name	Employee First Name		MI
Telephone Number ( )	Street Address	City	State	ZIP Code
Email Address	Gender ☐M / ☐F	Date of Birth / /	Marital Status	Date of Current Marriage / /
Employer Name and Address	Local Union Number	Initiation Date / /	Medicare HICN (if applicable)	

Provide the following information for all persons to be covered (including Employee). Certified copies of your marriage certificate (if applicable) and birth certificates for all eligible children are required. Provide the full Social Security Number of each dependent you enroll. Federal regulations require health plans to report the names and Social Security Numbers of every covered individual to the IRS.

Spouse Full Name	Spouse Full SSN	Gender ☐M / ☐F	Date of Birth / /	Relationship to Employee Spouse
Other Health Coverage	Carrier (including Medicare)	Medicare HICN (if applicable)		
Dependent Full Name	Dependent Full SSN	Gender ☐M / ☐F	Date of Birth / /	Relationship to Employee
Other Health Coverage	Carrier (including Medicare)	Medicare HICN (if applicable)		
Dependent Full Name	Dependent Full SSN	Gender ☐M / ☐F	Date of Birth / /	Relationship to Employee
Other Health Coverage	Carrier (including Medicare)	Medicare HICN (if applicable)		
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Other Health Coverage	Carrier (including Medicare)	Medicare HICN (if applicable)		
Dependent Full Name	Dependent Full SSN	Gender ☐M / ☐F	Date of Birth / /	Relationship to Employee
Other Health Coverage	Carrier (including Medicare)	Medicare HICN (if applicable)		

Use other side if necessary

Employee Signature	Date