



DENTAL AND OPTICAL PLANS LODGE 447 FRINGE BENEFIT TRUST FUND

140 Sylvan Avenue, Suite 303 ♦ Englewood Cliffs, NJ 07632

(201) 592-6800

PRINT ALL INFORMATION	Mr. Last Name Mrs. Miss.	First Name	Middle Initial
Home Address	Street and Number	City & State	Zip Code
Name of Employer	Date Employed	SEX (M) (F)	
Home Telephone Number	Social Security Number	Month	Date of Birth Day Year
Marital Status (Check One)	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated

LIST ALL DEPENDENT INFORMATION ON THE REVERSE SIDE OF THIS CARD.
Only Spouse or Unmarried Children Under 19 Years of Age or Full-Time Students up to Age 23 (who qualify) Are Eligible.

Signature of Participant

Date

