TRUCKING EMPLOYEES OF NORTH JERSEY BENEFIT FUNDS
CENSUS FORM

IMPORTANT: NO BENEFITS WILL BE PAID UNLESS THIS FORM IS FULLY & PROPERLY COMPLETED, SIGNED & RETURNED TO THE FUND OFFICE

Please Print

Social Security Number	First Name	Middle Initial	Last Name

Street Address	Apt. #	City	State	Zip Code

Home Telephone #	Cellphone #	Employer	Date of Hire	Local Union #

Date of Birth	☐Male ☐ Female ☐Single ☐ Married ☐ Divorced ☐Widowed

Employment Status:
☐Active ☐Laid off ☐ Terminated

If laid off or terminated date of lay off or termination

Name & Address of Spouse's Employer

Does Spouse have medical coverage where he/she works?
☐Yes ☐No

DEPENDENTS

Complete the information listed below for your spouse and all children under the Age of 26

The Fund requires a copy of your marriage certificate and dependents birth certificates. Benefits may be pended until this information is received.

First Name	Initial	Last Name	Social Security Number	Relation	Date of Birth

LIFE INSURANCE BENEFICIARY

I revoke all previous beneficiary designations and make the following nomination of beneficiary with respect to all pension and/or welfare benefits provided now or in the future under the rules of the Fund still reserving to myself the privilege of making future changes subject to Fund rules and procedures. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries as survive me, unless otherwise stipulated herein. If no beneficiary survives me, settlement will be made as provided by the rules of the Fund and applicable law.

Social Security #	First Name	Last Name

Address	Apt. #	City	State	Zip Code

Relationship to You	Date of Birth

Social Security #	First Name	Last Name

Address	Apt. #	City	State	Zip code

Relationship to You	Date of Birth

☐Check & use reverse side for additional beneficiaries.

CERTIFICATION: I hereby certify that I have read the above information and that the information herein is true to the best of my knowledge.

Employee's Signature: ______________________________ Date: ____________________

MAIL TO: TEAMSTERS LOCAL 560 BENEFIT FUNDS, 303 MOLNAR DRIVE, ELMWOOD PARK, NJ 07407

For Office Use Only

INPUT BY: ______________________________ DATE: ____________________