



**ALLIED BUILDING INSPECTORS**  
**LOCAL 211 INTERNATIONAL UNION OF OPERATING ENGINEERS**  
**WELFARE FUND**



225 BROADWAY, 43RD FLOOR, NEW YORK, NY 10007

Phone: (212) 233-2690  
 Fax: (212) 962-2523

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

Home Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Civil Service or Provisional \_\_\_\_\_

Department/Agency \_\_\_\_\_ Division \_\_\_\_\_

Exact Job Title \_\_\_\_\_ Badge No. \_\_\_\_\_

Borough Assigned \_\_\_\_\_ Date of Employment \_\_\_\_\_

Welfare Fund Death Benefit Beneficiary \_\_\_\_\_

Relationship of Death Benefit Beneficiary \_\_\_\_\_

Social Security Number of Beneficiary \_\_\_\_\_

Address of Death Benefit Beneficiary \_\_\_\_\_

Date Sworn into Union Membership \_\_\_\_\_

NAME OF DEPENDENTS (Include Spouse)	DATE OF BIRTH	RELATIONSHIP

**Marriage Certificate for spouse, Birth Certificate(s) for dependents, required to qualify for benefits.**

Signature \_\_\_\_\_ Date \_\_\_\_\_