

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union - Pacific  
Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

## Coastwise Indemnity Plan Enrollment Form

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CA 94109 Phone (415) 673-8500 Fax (415) 749-1400

<b>PRINT LEGAL NAME</b>			<b>ADDRESS</b>		
<b>Legal Last Name</b>			<b>STREET</b>		
<b>Legal First Name</b>		<b>Initial</b>	<b>CITY</b>		<b>STATE</b>
<b>REGISTRATION #</b>		<b>LOCAL #</b>	<b>ZIP CODE</b>		<b>PHONE # ( )</b>

<b>MARITAL STATUS</b>					
<b>SINGLE</b>	<input type="checkbox"/>	<b>DIVORCED</b>	<input type="checkbox"/>	(Date)	____ / ____ / ____
<b>MARRIED</b>	<input type="checkbox"/>	(Date)	____ / ____ / ____	<b>WIDOWED</b>	<input type="checkbox"/>
		(Date)	____ / ____ / ____		

<b>List below yourself, your spouse, and your eligible dependent children whom you wish to enroll in the Coastwise Indemnity Plan.</b>							
<b>PRINT</b>	<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Initial</b>	<b>Social Security #</b>	<b>Date of Birth Month / Day / Year</b>	<b>Male / Female</b>	<b>Relationship</b>
Self							
Spouse							
Child							
Child							
Child							
Child							
Child							
Child							

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

\_\_\_\_\_  
SIGNATURE DATE