EIT BENEFIT FUNDS
SERVING THE CHICAGO ELECTRICAL INDUSTRY SINCE 1930

Dcnc l bc l r G l dmp k _rgm l Pcoscqr Form

Section 1: Participant Information - *Complete this section with your information (please print).*

Name:		**SSN:**
Street Address:		**Apt #:**
City:	**State:**	**Zip Code:**
Cell Phone: ( )	**Home Phone: ( )**	**E-mail:**

☐ Please check box if the address indicated above is a new address

Section 2: Dependent Information - *Complete this section with your Dependent's information (please print).*

Name	SSN/HICN	Date of Birth	Relationship

Section 3: Participant Signature - *Read carefully. Sign and date below.*

I hereby certify that the foregoing information is true and complete and I understand that if I have misrepresented or falsified any information, the Trustees have the right to deny all or part of the benefits under the Plan and may recover any benefits erroneously paid as a result of any misrepresentation or false information.

Participant Signature: _____ **Date:** _____

Return your completed Dependent Information Request form to:

EIT BENEFIT FUNDS • 6195 West 115th Street, Alsip, IL 60803 • Phone (312) 782-5442 • Fax (312) 782-4431 • askeit@fundoffice.org