**TRUSTEES OF THE S.T.A. OF BALTIMORE-I.L.A. BENEFITS TRUST FUND**
**ENROLLMENT CARD FOR ACTIVE PARTICIPANT**

Local No. _____

Port No. _____

Name (Last, First, Middle Initial)

Social Security Number

_____

Date of Birth- _____/_____/_____ Home Phone- _____ Cell Phone- _____

**E-MAIL ADDRESS:**

**DEPENDENT(S) OF ACTIVE PARTICIPANT**

| Name of Dependent | Relationship | Date of Birth |
|---|---|---|
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Date _____ Signed by Participant _____

The above participant has met the requirements for inclusion in the S.T.A.-I.L.A. Benefits Plan.

Signed _____

For the Board of Trustees

**NOTE: Participants who defraud or attempt to defraud the Fund or who knowingly give false or misleading information may be subject to a suspension of eligibility for all Fund benefits. Participants are responsible for notifying the Fund Office of any changes in marital and/or dependent status by calling the Fund Office and submitting required forms.**

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**FOR FUND PURPOSES ONLY:**

Life Insurance Beneficiary(s)

| Effective Date | Name of Beneficiary(s) Designated | Fund Rep |
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