BENEFIT ENROLLMENT FORM MAN—U SERVICE CONTRACT TRUST FUND

7130 Columbia Gateway Drive, Suite A, Columbia, Maryland 21046 (410) 872-9500

Name				Socia	al Security	Number
Last Address	First		Init			
Street		City		State		Zip
<u>Sex</u> □ Male □ Female	Date of Birth			() Telephone		no
	Mo. Day Yr.			Local Union No.		
Dependent Information						
See Summary Plan Description for definition of ELIGIBLE DEPENDENT	Date of Marriage	Social Secur	rity Number	Date of Birth	Sex M F	Relationship
Spouse:		_				spouse
Dependents: (1)			_			
(2)						
(3)		_				
(4)			_			
(5)		_				
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