REQUEST FOR ENROLLMENT PACKETS FOR NON-BARGAINING EMPLOYEES
(Please print or type)

Name of firm: _____

Address of firm: _____

_____

_____

Mailing address if different from above:
_____

_____

Contact person at your firm: _____

Telephone:_____

Number of non-bargaining employees regularly working thirty hours or more per week:_____

I am requesting enrollment packets for health care coverage under the Carpenters Southwest Health and Welfare Trust. I understand that this request does not constitute enrollment in the health care plan.

Signature _____

Print Name: _____

Return completed form to:

Non-Bargaining Unit
Carpenters Southwest
Administrative Corporation
533 South Fremont Ave., 6th FL
Los Angeles, CA 90071-1706