

Legal Fund of Hotel-Restaurant Employees of Los Angeles

www.lahotelretirementfund.org

Administered By: Benefit Programs Administration

Telephone • (800) 252-9117 • (562) 463-5020 • FAX (562) 463-5894

Enrollment Form

Name of Employee		Social Security Number			
Address		City		State	Zip Code
Date of Birth		Telephone		Gender	M F (circle one)
Marital Status (circle one): Single		Married		Divorced Widowed	
Employer				Date of Hire	

Employees must complete an Enrollment Form naming their Dependents before the Dependents first become eligible. Marriage certificates, birth certificates or other evidence substantiating relationships and evidence of financial support and residence may be required by the Administrative Office before certifying Dependent enrollment and eligibility for benefits, and may be required periodically thereafter to continue Dependent enrollment. A dependent is defined by the Plan, as follows:

“Dependents” mean your lawful spouse and unmarried children. “Children” includes natural children, stepchildren, and adopted children (including children placed for adoption) under 26 years of age. Unmarried dependent grandchildren and foster children under 26 years of age may be covered as Dependents if they are living with you and are principally supported by you. For foster children, a copy of the original court order fixing the status of the foster child in the Employee’s family is required.

You must notify the Administrative Office if you change your marital status, add new Dependents, your Dependent ceases to be a “Dependent” as defined under this Plan, or your or your spouse change your address. (Please refer to the Summary Plan Description for additional information regarding coverage for Disabled Dependent children.)

LIST BELOW ALL OTHER PERSONS COVERED BY THIS ENROLLMENT. Only your spouse and eligible dependent children under the age of 26 may be included.

LIST NAME OF SPOUSE/DENPENDENT AND ALL CHILDREN:

	LAST NAME	FIRST NAME	SEX	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.						
2.						
3.						
4.						
5.						
6.						

I certify that the above information is true and correct. I also understand that the Trust Fund requires proof of birth of my children, marriage certificate for my spouse when this Enrollment Form is submitted.

Date Signed	Signature of Employee
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SEND COMPLETED ENROLLMENT FORM TO:

Legal Fund of Hotel-Restaurant Employers of Los Angeles:
 c/o Benefit Programs Administration
 1200 Wilshire Blvd., Fifth Floor
 Los Angeles, CA 90017-1906