



IATSE Local 479 Basic Life Insurance- Member Enrollment/Change

<i>Name (Last, First, Middle)</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>Gender</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Date of Appointment</i>	<i>Date of Membership Resignation</i>		

Basic Life Amount

\$5,000

Primary Beneficiary

Full Name	Address	Relationship	Date of Birth	% Benefit

Contingent Beneficiary

Full Name	Address	Relationship	Date of Birth	% Benefit

Signature _____ Date _____

(Internal use)
Date Received: