



National Asbestos Workers Medical Fund National Asbestos Workers Pension Plan

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Administered by:
NEBA
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.



New Member Notification Form

Demographic Information

Instructions: Please provide the demographic information requested.

Employee Name:		Social Security #:	
Date of Birth:		Local Union #:	
Gender:		Email Address:	
Mailing Address:		Home Phone #:	
City, State Zip:		Cell Phone #:	

Special Category

Instructions: Please indicate if this is a Newly Organized Group Member or a Newly Indentured Apprentice.

- Newly Organized Group Member (NOG) Newly Indentured Apprentice

Benefit Plan Participation

Instructions: Please indicate the benefit plans the member will be participating in.

<input type="checkbox"/> Medical Fund	Please indicate if you would like NEBA to send a welcome package, or if the Local Union has provided it.	<input type="checkbox"/> Please send Welcome Package.	<input type="checkbox"/> Local Union provided Welcome Package.
<input type="checkbox"/> Pension Plan	Please indicate if you would like NEBA to send a welcome package, or if the Local Union has provided it.	<input type="checkbox"/> Please send Welcome Package.	<input type="checkbox"/> Local Union provided Welcome Package.

Name of Local Union Representative: _____

Date: _____

[Secure Upload Instructions](#)

1. Complete form and save it
2. Visit NEBA's Secure Upload page for Local Unions by clicking [Here](#)
3. Enter your name and contact information as requested
4. Click "Choose File" to attach this file
5. Click the blue "Submit" button!