



**Insulators and Allied Workers National Medical Fund  
Insulators and Allied Workers National Pension Fund**

Administered by:  
**NEBA**  
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.

2010 N.W. 150<sup>th</sup> Avenue, Suite 200 | Pembroke Pines, FL 33028  
Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629  
Fax: (954) 266.2079 | [www.nebainc.com](http://www.nebainc.com)



## New Member Notification Form

### Demographic Information

**Instructions:** Please provide the demographic information requested.

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

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

**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!