



Insulators and Allied Workers National Medical Fund

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Administered by:



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.			
<input type="checkbox"/> Newly Organized Group Member (NOG)		<input type="checkbox"/> Newly Indentured Apprentice	
Date Member Became NOG/NIA (MM/DD/YYYY):			
Date Member Joined Local (MM/DD/YYYY):			
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!