

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS

## UNION TRUSTEES

Joseph A. Geiger  
Co-Chairman  
Paul Capurso  
Michael P. Cavanaugh  
Stephen C. McInnis  
John Sheehy  
Paul Tyznar

## BENEFIT FUNDS

395 Hudson Street  
New York, N.Y. 10014  
Telephone: (212) 366-7300  
Fax: (212) 366-7444

## MANAGEMENT TRUSTEES

David T. Meberg  
Co-Chairman  
Catherine Condon  
John DeLollis  
Paul O'Brien  
Kevin O'Callaghan  
Michael Salgo

### Participant Information

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

UBC # \_\_\_\_\_

SSN: \_\_\_\_\_

Birth Date (DOB): \_\_\_\_\_ Marital Status: \_\_\_\_\_

#### Dependent's Social Security Number(s) - Please Write Clearly

**\*Also include photocopy of Social Security Card and Birth Certificate for each dependent.**

Full Name/DOB: \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Full Name/DOB: \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Full Name/DOB: \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Full Name/DOB: \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Full Name/DOB: \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Full Name/DOB: \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_