

OPEIU Midwest United Local 2009 Benefits Sign-Up Form
Perks Card, Careington, Towing and Disability Benefits

In order to receive OPEIU benefits, members must fill out and return this form to the OPEIU Midwest United Benefit's Coordinator, Marci Watrud

Last Name: _____ **First Name** _____ **MI** _____

Current Date: ____/____/____ **Perks Card # (completed by OPEIU)** _____

Home Address: _____

Street & Apartment number

City

State

zip code

Home Phone: _____ **Cell Phone:** _____ **Work Phone/Extension** _____

Personal e-mail Address: _____

Company: _____ **payroll/Employee #** _____ **Hire Date:** _____

Social Security # ____/____/____ **Date of Birth** ____/____/____ **Gender** _____

Name of Beneficiary _____ **phone # and Address** _____