



Group Benefit Associates

International Union of Elevator Constructors Disability Enrollment Form

2929 W. Belmont Ave., Suite 6
Chicago, IL 60618

Please Enter the Following Information:

First Name:	Last Name:
Social Security Number:	Birth Date:

Address:		
City:	State:	Zip:
Daytime Telephone:	Email:	Taxable Wage Rate:

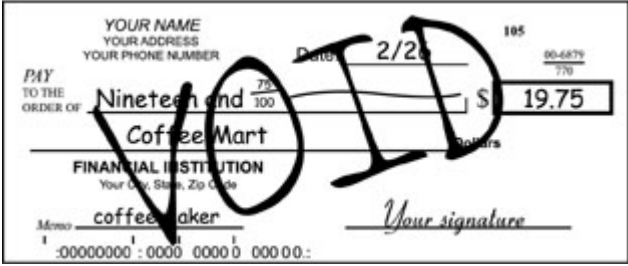
I am hereby enrolling in the Supplemental Disability Insurance Plan offered by Group Benefit Associates for IUEC.

Signature of IUEC Member

Date

****PLEASE COMPLETE BOTH SIDES OF FORM.
INCOMPLETE ENROLLMENT FORMS WILL NOT BE PROCESSED.**

Payments are drafted on the 20th of the month or the next business day if the 20th falls on a weekend or bank holiday. All premiums are collected electronically. There will be NO invoicing of premium.

Please Select Payment Method:	
<input type="checkbox"/> Checking Account	
<p>PLEASE ATTACH VOIDED CHECK</p>	

<input type="checkbox"/> Visa or MasterCard	Name as it appears on card:	
	Credit Card Number:	
	Expiration (MM/YY):	
	Card Security Code (last 3 digits on back of card):	

Signature of premium payer _____

Date _____

I hereby authorize Babbitt Municipalities, Inc. (d.b.a. Group Benefit Associates) to draft my credit card or bank account as listed above on or near the 20th of each month for the purpose of collecting premiums for the Supplemental Disability Insurance Plan offered by Group Benefit Associates for IUEC.