

**SOUTHERN CALIFORNIA LUMBER INDUSTRY WELFARE FUND**

1200 Wilshire Blvd., Fifth Floor  
Los Angeles, CA 90017-1906

Phone: (562)463-5080

FAX: (562)463-5894

If you would like an enrollment form, or additional information about any of the plans available please indicate below what information you would like sent to you. You can mail or fax this form to the Administrative Office and the requested information will be sent.

*(please print)*

NAME \_\_\_\_\_

SOCIAL SECURITY NO. XXX-XX \_\_\_\_ \_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ LOCAL UNION NO. \_\_\_\_\_

CHECK HERE IF YOU ARE REPORTING A NEW ADDRESS

PLEASE SEND THE FOLLOWING INFORMATION:

- ENROLLMENT/CHANGE FORM
- STUDENT VERIFICATION
- CHANGE OF BENEFICIARY FORM
- WAIVER OF COVERAGE
- MEDICAL CLAIM FORM

- PROVIDER/PLAN INFORMATION
- ANTHEM/BLUE CROSS (PPO medical)
  - KAISER
  - UNITED CONCORDIA
  - PRESCRIPTION SOLUTIONS (walk-in

prescription and mail order instructions