

**Laborers' Metropolitan Detroit Health Care Fund**

**PARTICIPANT DATA CARD**

(Please Print)

Married   
Single   
Divorced   
Widowed

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth \_\_\_\_\_ Local No. \_\_\_\_\_ Date of Local Union Membership \_\_\_\_\_

Participant's Home Phone: \_\_\_\_\_

Health Care fund death benefit beneficiary:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Initial

Soc. Sec. No. \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

**Place  
Stamp  
Here**

**Laborers' Metropolitan Detroit Health Care Fund**  
6525 Centurion Drive  
Lansing, MI 48917-9275

