

# UAW LOCAL 412 - MEMBER INFORMATION

## PERSONAL INFORMATION

**FULL** Social Security #: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

(personal email only)

Birth Date: \_\_\_\_\_

Veteran: \_\_\_\_\_

(ex: yes or no)

Marital Status: \_\_\_\_\_

Sex: \_\_\_\_\_

(ex: married, single, divorced, widowed)

(ex: male or female)

## WORK INFORMATION

Plant Location: \_\_\_\_\_

Dept: \_\_\_\_\_

(ex: CTC, Sterling Stamping, Trenton, ect.)

Stelantis CID#: \_\_\_\_\_

Unit #: \_\_\_\_\_

## INSURANCE INFORMATION

**Primary** Insurance: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Policy # \_\_\_\_\_

Group #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Full** Social Security #: \_\_\_\_\_

**Secondary** Insurance: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Policy # \_\_\_\_\_

Group #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Full** Social Security #: \_\_\_\_\_

## BANK ACCOUNT INFORMATION

Bank Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

(checking or savings account)

# UAW LOCAL 412 - MEMBER INFORMATION

## DEPENDENT(S) INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
**Full** Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
**Full** Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
**Full** Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
**Full** Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
**Full** Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
**Full** Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
**Full** Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_