

CTA Benefit Trust Fund

Employee Information Sheet

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's SS#: _____

Please explain any changes that you need to your coverage and the proper enrollment form(s) will be sent to you if necessary.

(Please return this form to **Nancy Kunz** in the CHS Library Media Center.)