



Participant Basic Data

This form is for participants whose Initial Participation Date is January 1, 1981 or later. Please complete this form and return it directly to the Central Pension Fund, or you can fax it to the Fund office.

- New Basic Data
- Change Complete in Full and Circle Changes

Please Print or Type

1 Name			Social Security Number
Address			Date of Birth
City	State	Zip	Sex
2 Present Employer		Hire Date	Job Classification
Initiation Date		Current Local	Register Number

I have been: (Check all appropriate boxes)

- Suspended:** _____ **Re-initiated:** _____ **On Withdrawal:** _____
Month Day Year Month Day Year Month Day Year

- Continuous Active Member** _____ **Admitted on Transfer** _____
of IUOE Since: Month Day Year from Local No.: Month Day Year

Previous Initiation Date	Previous Local	Previous Register Number
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3 Are you Married? Yes No If yes, please complete the spouse's information below.

Spouse's Name	Spouse's Social Security Number
Spouse's Date of Birth	Spouse's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

4 I certify this information to be accurate and complete

Signature _____ Date _____