United Employees Benefit Trust
Non-Profit Provider of Employee Benefits Since 1965

Mailing Address: PO Box 8130, Tacoma WA 98419
Street Address: 220 S 27th St, #B, Tacoma WA 98402
Phone: (253) 474-1214 or (800) 223-2449
Fax: (253) 474-7180
E-mail: staff@unitedemployees.org

TIME LOSS ENROLLMENT FORM

Employer: _____ Work Phone: _____

Date of Hire: _____ Union: _____

Employee Name (First, Initial, Last) _____

Address: _____

City, St, Zip _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

SSN#: _____ Date of Birth: _____ Sex: ☐ Female ☐ Male

RELEASE

I hereby authorize my physician, hospital, or medical care service provider to provide the United Employee Benefit Trust, its employees, agents, attorney or advisors all information which it or they may request regarding my physical or mental condition and any treatment therefore, including copies of any medical records, dental records, or x-rays as required to process claims submitted by me.

_____ _____

Signature of Member Date