



THE PHILADELPHIA BAKERY EMPLOYERS' & FOOD DRIVER SALESMEN'S UNION
LOCAL 463 & TEAMSTERS' UNION LOCAL NO. 676 PENSION PLAN

P.O. BOX 69 • COLLINGSWOOD, NJ 08108

CENSUS CARD - BAKERY

NAME: _____ LOCAL UNION #: _____
FIRST M.I. LAST

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

GENDER: CHECK ONE M F

ADDRESS: _____
CITY STATE ZIP

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

SPOUSE'S NAME: _____ SPOUSE'S DATE OF BIRTH: _____

DATE OF MARRIAGE: _____ SPOUSE'S SOCIAL SECURITY #: _____

PHONE #: HOME _____ CELL _____

EMAIL: _____

Please include copies of your birth certificate and if applicable, copies of your spouse's birth certificate and marriage certificate.

MEMBER'S SIGNATURE _____ DATE _____

PLEASE REMEMBER TO KEEP THE FUND OFFICE ADVISED OF ANY CHANGES IN MARITAL STATUS. IF YOU MOVE YOUR ADDRESS MUST BE UPDATED IN WRITING. YOU CAN FIND A CHANGE OF ADDRESS FORM ON OUR WEBSITE.

BAKERY.ASP-BENEFITS.COM

MAIN (856) 382-2491 • TOLL-FREE (833) 521-0001 • FAX (856) 382-2401