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TrustSecure™ Participant Enrollment and Change Form

As a participant, you must complete this form to establish your TrustSecure account or to report any changes to your account. Upon completion, fax the form to (763) 552-6055 or mail the form to the following address:

Educators Benefit Consultants, LLC
3125 Airport Parkway, NE
Cambridge, MN 55008

PARTICIPANT INFORMATION

Employer: _____

Participant's Full Name: _____ Social Security No.: _____

Participant's Address: _____

City: _____ State/ZIP Code: _____

Participant's E-Mail Address: _____

Participant's Home Phone: _____ Date of Birth: _____ Sex: M F

Spouse's Name: _____ Date of Birth: _____ Sex: M F

Dependent's Name: _____ Date of Birth: _____ Sex: M F

Dependent's Name: _____ Date of Birth: _____ Sex: M F

Dependent's Name: _____ Date of Birth: _____ Sex: M F

Note: If you need to add more dependents, please use an additional form.

If making a change from a previous enrollment

Check all that apply	Add dependent(s):	Date of occurrence (mm/dd/yy):	Remove dependent(s):	Date of occurrence (mm/dd/yy):
<input type="checkbox"/> Name change	<input type="checkbox"/> Marriage	_____	<input type="checkbox"/> Marriage	_____
<input type="checkbox"/> Address change	<input type="checkbox"/> Newborn	_____	<input type="checkbox"/> Divorce	_____
<input type="checkbox"/> Telephone change	<input type="checkbox"/> Adoption	_____	<input type="checkbox"/> Death	_____
<input type="checkbox"/> Date of birth correction	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

By signing below, I confirm receipt of the Privacy Notice and the Plan Document.

Participant Signature

Date



TrustSecure is administered on behalf of the WEA Trust by:

Educators Benefit Consultants, LLC, 3125 Airport Parkway, NE, Cambridge MN 55008
Toll-free: (888) 507-6053 Fax: (763) 552-6055 Web site: weatrustsecure.com

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