

**KAISER ALUMINUM SALARIED RETIREES VEBA PLAN  
ENROLLMENT FORM**

Delta Fund Administrators, LLC, P.O. Box 2308, Stockton, CA 95201-2308  
Telephone: Toll Free (888) 344-8322

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**Please print carefully**

**1 Retiree's Name:** \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date of Marriage (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing Address (Street or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Spouse or Surviving Spouse:**

**2 Spouse's Name:** \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date of Marriage (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing Address (Street or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**List any dependent children below. To be a dependent, the child must be less than 26 years of age. Special rules apply to disabled children. See the summary plan description.**

**3a Name of First Dependent Child:** \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Mailing Address (Street or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3b Name of Second Dependent Child:** \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Mailing Address (Street or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please complete this form on the reverse side.**

**KAISER ALUMINUM SALARIED RETIREES VEBA PLAN  
ENROLLMENT FORM  
(Continued)**

**3C Name of Third Dependent Child:** \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (Street or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Additional dependent children, if any, should be listed on a separate sheet of paper along with all of the above information for each dependent child. Attach the sheet to this Enrollment Form.**

*Designation of Family Unit Representative: The Family Unit Representative will be the Retiree or the Retiree's Spouse or surviving Spouse, if they are competent to act in that capacity. If they are not, an adult child of the Retiree or a conservator, guardian or other legal representative may be designated to act as the Family Unit Representative.*

**4 Name of Designated Family Unit Representative:** \_\_\_\_\_

The Family Unit Representative is (check the box that applies):  The Retiree  The Retiree's Spouse or Surviving Spouse  
 The Retiree's Adult Child  A Conservator, Guardian or Legal Representative

Mailing Address (Street or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email (if available): \_\_\_\_\_

**If a conservator, guardian or legal representative is the Family Unit Representative, a copy of the court order, official letter of appointment or power of attorney appointing the Family Unit Representative as conservator, guardian or legal representative must be submitted with this Enrollment Form.**

**Signature of Retiree/Surviving Spouse: I approve the above individual as the new Family Unit Representative:**

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**By signing this Enrollment Form, the Family Unit Representative hereby certifies that the information contained herein is complete and correct to the best of his or her knowledge and belief.**

**5 Signature of Family Unit Representative:** \_\_\_\_\_

Date Signed (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_