

# New York Lumbermen's Insurance Trust Fund

9600 Main Street • Suite Three • Clarence, New York 14031-2093  
(716) 759-9606 • FAX (716) 759-9607  
Workers' Compensation Claims FAX (716) 759-9609

**W.J. Cox**  
associates, inc.  
Administrator

## NYLITF Employee Add/Terminate Form

First, Middle, Last Name		
Social Security Number		
Date of Birth		
Date of Hire		
Date of Termination		
Reason for Termination	<input type="checkbox"/> Fired <input type="checkbox"/> Retirement	<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Other
Shirt Size <i>(Please check correct box)</i>	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large <input type="checkbox"/> XXXX-Large <input type="checkbox"/> XXXXX-Large
Telephone Number <i>(Area Code + Number)</i>		
Street		
City, State Zip		
Sex <i>(Please check correct box)</i>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address if Different From Above		
Job Description		
Employee -or- Subcontractor		
Class <i>(Please check correct box)</i>	<input type="checkbox"/> 2702 Logging <input type="checkbox"/> 2710 Sawmill <input type="checkbox"/> 2802 Carpentry <input type="checkbox"/> 2883 Furniture	<input type="checkbox"/> 7998 Retail Hardware <input type="checkbox"/> 8232 Retail Lumber Yard <input type="checkbox"/> 8810 Clerical
Division		
Member Name		
Member Five Digit Number		

PLEASE RETURN COMPLETED FORM WITHIN THREE DAYS OF  
DATE OF HIRE OR DATE OF TERMINATION

E-MAIL  
[wlorbach@wjcox.com](mailto:wlorbach@wjcox.com)

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