

PIPE TRADES INDUSTRY HEALTH AND WELFARE PLAN

P.O. BOX 3040
TERRE HAUTE, INDIANA 47803



OFFICE HOURS: 8:00 AM - 4:30 PM (M-F)
PHONE: A/C 812-877-2581
TOLL FREE: 1-800-837-5678
FAX: A/C 812-877-4542

DEPENDENT FORM

This statement needs to be completed when you become insured, and/or when there is a change in status: (i.e., marriage, divorce, legal separation, remarriage, death, adding a dependent, or a loss of dependent status).

PLEASE PRINT OR TYPE

MARRIED SINGLE DIVORCED SEPARATED WIDOWED

D.O.B. _____

MEMBER'S NAME _____ SOC. SEC. NO. _____

ADDRESS _____ PHONE NO. _____

CITY, STATE & ZIP _____ LOCAL UNION NO. _____

APPRENTICE HELPER JOURNEYMAN PROBATIONARY APPRENTICE TRAINEE

THIS REQUEST IS TO: ___ ADD DEPENDENTS ___ CORRECT EXISTING DEPENDENTS ___ DELETE DEPENDENTS

When you add or delete a dependent, complete all the appropriate information and submit the requested documents. **SEE DOCUMENTS NEEDED ON REVERSE SIDE OF THIS FORM FOR SPOUSE, CHILDREN, STEP-CHILDREN, ADOPTED CHILDREN, GUARDIANSHIPS, AND CHILDREN BORN OUT OF WEDLOCK. WE MUST HAVE EACH DEPENDENT'S SOCIAL SECURITY NUMBER IN ORDER TO COMPLY WITH THE HEALTH CARE FINANCING ADMINISTRATION REGULATIONS.**

PLEASE ADD OR CORRECT THE FOLLOWING DEPENDENTS

Name	Relationship	Date of Birth	S.S. #
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PLEASE DELETE THE FOLLOWING DEPENDENTS

Name	Relationship	Reason and date dependent no longer qualifies
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SIGNED: _____ DATED: _____

DOCUMENTS NEEDED

1. ADDING A SPOUSE:

- A. Submit a copy of your Marriage Certificate.
- B. If your spouse is employed, the Plan needs a letter from his/her employer, or other verification, stating the effective date of his/her coverage, along with the insurance company's name and the policy number. If he/she has no coverage, the letter needs to state that he/she has no coverage through his/her employment.
- C. Birth Certificate.

2. DELETING A SPOUSE:

- A. Submit a copy of your dissolution decree or order (divorce decree) and the settlement agreement, if any, or separation decree or order and the settlement agreement, if any.

3. CHILDREN:

- A. Birth Certificate for each child.
- B. In the case of a divorce, a copy of the dissolution decree or order (divorce decree) and the settlement agreement, if any, of the natural parents. Also, any modification orders to the original dissolution decree or order (divorce decree), and the settlement, agreement if any.

4. STEP-CHILDREN:

- A. A copy of the dissolution decree or order (divorce decree) and the settlement agreement, if any, of the natural parents. Also, any modification orders to the original dissolution decree or order (divorce decree) and the settlement agreement, if any.
- B. A copy of the separation agreement or order and the settlement agreement, if any, if you are legally separated.
- C. Birth Certificate for each step-child.

5. ADOPTED CHILDREN:

- A. A copy of the legal adoption order.

6. GUARDIANSHIP:

- A. A copy of the certified letters of guardianship.

7. CHILD BORN OUT OF WEDLOCK:

- A. A copy of the petition to establish paternity and decree or order.
- B. Birth Certificate for each child.

If you need to change your beneficiary in the Pipe Trades Industry Health and Welfare Plan, please place an X in the following box so that we can send you a new beneficiary card.