## CENTRAL STATES HEALTH & WELFARE FUND NEW MEMBER ENROLLMENT FORM

We are pleased to have you as a participant of the Central States Health and Welfare Fund. <u>It is very important for you to complete this Enrollment Form so that future health and welfare claims are not delayed for you and your dependents</u>. Please complete and sign this form and return to the Fund as soon as possible.

SECTION 1		F	MPLOYEE ENROL	LMENT INFO	RMATION		
NAME OF EMPLOYER			LOCAL UNION			DATE OF	
SOCIAL SECURITY NO.			BIRTH DATE			HIRE	
LAST NAME			FIRST NAME			MIDDLE	
ADDRESS						INITIAL	
CITY			STATE			ZIP CODE	
PHONE NUMBER			E-MAIL ADDRESS				
MARITAL STATUS	☐ SINGLE	☐ MARRIED	☐ DIVORCED		OWED	GENDER	│
CHECK HERE IF TH	I HIS IS A NEW ADDF	RESS.	Ε	CHECK HE	RE IF ADD	ITIONAL CAF	RDS ARE NEEDED.
SECTION 2			SPOUSE ENROLI	MENT INFOR	MATION		
SPOUSE'S SOCIAL SEC.			BIRTH DATE		MATION	MARRIAGE	
LAST NAME			FIRST NAME,			DATE GENDER	MALE
SPOUSE'S EMPLOYER			MIDDLE INITIAL PHONE			02.132.1	│
DOES YOUR SPOUSE HAV	E INSURANCE THROU	GH HIS/HER EMPLO		☐ YES	Пио		
NAME OF INSURANCE				1 —	PHONE		
GROUP POLICY NUMBER							
CHECK ALL THE COVERAGE	L GES PROVIDED BY SPO	OUSE'S INSURANC	E MEDICAL	□RX □	CHIROPRAC	TIC DEN	TAL VISION
DOES YOUR SPOUSE'S IN:	SURANCE PROVIDE CO	OVERAGE FOR DEF	PENDENT CHILDREN?	? ☐ YES	□ N	0	
SECTION 3			PENDENT CHILDR	EN ENROLLM	IENT INFO	RMATION	
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## **DOCUMENTS REQUIRED FOR ENROLLMENT**

Please provide us with copies of any applicable documentation as outlined below.

In order to assist you in the enrollment process and ensure a smooth transition to the Fund, the following information and/or documentation is required so that you and your dependents are properly enrolled. For those electing coverage for one or more children, the Plan requires that each child meets the necessary requirements to be enrolled as a dependent.

ENROLLING ONLY THE EMPLOYEE:				
☐ No further documentation is required				
ENROLLING EMPLOYEE AND SPOUSE:				
Complete Section 2 on the previous page, taking care to include the marriage date				
ENROLLING ONE OR MORE CHILDREN: Complete Section 3 on the previous page and include copies of the following documents:				
Dependent Child from a Previous Marriage  ☐ The complete Divorce Decree & Settlement of the natural parents				
Stepchild  Birth Certificate of child The complete Divorce Decree & Settlement of the natural parents Marriage Certificate to current spouse				
Child Born Outside of Marriage  Court Order regarding insurance Birth Certificate of child Name and birth date of other natural parent, including information regarding any other insurance coverage				
Child for Which You are Guardian  Guardianship / Custody documents				
Adopted Child  Final Adoption Papers  If the adoption is not yet final, please provide a copy of the Placement Agreement				
ENROLLING A CHILD BETWEEN THE AGES OF 19 AND 23:				
☐ A completed STUDENT VERIFICATION FORM (to obtain form, call 1-800-323-5000, or download a copy from our website at <a href="www.centralstates.org">www.centralstates.org</a> )				

Please return the Enrollment Form
with any required documentation to:

Indicative Records Department
Central States Health and Welfare Fund
PO Box 5112

Des Plaines IL 60017-5112

**Or fax to:** 847-518-9779