FAMILY ACCOUNT CHANGE FORM - ACTIVE

SOUTHERN CALIFORNIA IBEW-NECA HEALTH PLAN

100 Corson Street, Suite 200, Pasadena, CA 91103
Mailing Address: P.O. Box 6652, Pasadena, CA 91109
(323) 221-5861 or (800) 824-6935 (Nationwide) Fax No.: (323) 726-3520 website: www.scibew-neca.org

PLEASE COMPLETE FORM TO ADD/TERMINATE DEPENDENT(S) FROM THE ACTIVE HEALTH PLAN

PART 1: PARTICIPANT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	IBEW CARD NUMBER	SOCIAL SECURITY NUMBER
				___ – ___ – ____

STREET ADDRESS – **DO NOT USE P.O. BOX**	APT #:	CITY	STATE	ZIP CODE

DATE OF BIRTH	CELLPHONE NUMBER	E-MAIL ADDRESS	GENDER
	( )		☐ MALE ☐ FEMALE

PART 2: CHANGE IN MARTIAL STATUS ACKNOWLEDGEMENT (PARTICIPANT SIGNATURE REQUIRED)

I UNDERSTAND THAT THE SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND BOARD OF TRUSTEES RESERVES THE RIGHT TO REQUIRE ADDITIONAL PROOF AT ANY TIME OF ONGOING DEPENDENT ELIGIBILITY AND MAY CONDUCT PERIODIC AUDITS TO CONFIRM ELIGIBILITY STATUS OF ALL DEPENDENTS. I UNDERSTAND IT IS MY RESPONSIBILITY TO PROMPTLY NOTIFY THE ADMINISTRATIVE TRUST FUNDS OFFICE IN WRITING WITH APPROPRIATE DOCUMENTATION IF THERE IS ANY CHANGE IN MY MARITAL STATUS. FAILURE TO PROVIDE PROMPT NOTICE OF A CHANGE IN MARITAL STATUS, RESULTS IN PENALITES INCLUDING A LOSS OF ELIGIBILITY.

PARTICIPANT SIGNATURE REQUIRED	DATE SIGNED
X	/ /

PART 3: ADD SPOUSE – SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION

REQUEST:	RELATIONSHIP:	DATE OF BIRTH:
☐ ADD SPOUSE ☐ CERTIFIED MARRIAGE CERTIFICATE ENCLOSED	☐ SPOUSE – FEMALE ☐ SPOUSE – MALE	

FIRST NAME	MIDDLE INITAL	LAST NAME	SOCIAL SECURITY NUMBER:

DATE OF MARRIAGE:	FOR UNITEDHEALTHCARE PARTICIPANTS ONLY, INDICATE PHYSICIAN CARE CODE:

ADD DEPENDENT UP TO AGE 26 - SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION

REQUEST:	RELATIONSHIP:	DATE OF BIRTH:
☐ ADD DEPENDENT ☐ CERTIFIED BIRTH CERTIFICATE ENCLOSED	☐ SON ☐ DAUGHTER ☐ STEPSON ☐ STEPDAUGHTER	

FIRST NAME	MIDDLE INITAL	LAST NAME	SOCIAL SECURITY NUMBER:

FOR UNITEDHEALTHCARE PARTICIPANTS ONLY, INDICATE PHYSICIAN CARE CODE:

ADD DEPENDENT UP TO AGE 26 - SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION

REQUEST:	RELATIONSHIP:	DATE OF BIRTH:
☐ ADD DEPENDENT ☐ CERTIFIED BIRTH CERTIFICATE ENCLOSED	☐ SON ☐ DAUGHTER ☐ STEPSON ☐ STEPDAUGHTER	

FIRST NAME	MIDDLE INITAL	LAST NAME	SOCIAL SECURITY NUMBER:

FOR UNITEDHEALTHCARE PARTICIPANTS ONLY, INDICATE PHYSICIAN CARE CODE:

CONTINUE ON PAGE 2 ►

Southern California IBEW-NECA Administrative Corporation

PARTICIPANT INFORMATION			
FIRST NAME	MIDDLE INITAL	LAST NAME	SOCIAL SECURITY NUMBER

PART 4: IF TERMINATING EX-SPOUSE, YOU MUST COMPLETE BELOW: SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION		
REQUEST: ☐ TERMINATE EX-SPOUSE ☐ FINAL DISSOLUTION OF MARRIAGE ENCLOSED	RELATIONSHIP: ☐ EX-SPOUSE – FEMALE ☐ EX-SPOUSE – MALE	EFFECTIVE DATE OF DIVORCE OR LEGAL SEPARATION:
FIRST NAME / MIDDLE INITAL / LAST NAME		DATE OF BIRTH:
EX-SPOUSE'S FORWARDING ADDRESS:		SOCIAL SECURITY NUMBER:

IF TERMINATING FORMER STEPCHILD, YOU MUST COMPLETE BELOW: SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION		
REQUEST: ☐ TERMINATE STEPCHILD ☐ FINAL DISSOLUTION OF MARRIAGE ENCLOSED	RELATIONSHIP: ☐ FORMER STEPSON ☐ FORMER STEPDAUGHTER	EFFECTIVE DATE OF DIVORCE OR LEGAL SEPARATION:
FIRST NAME / MIDDLE INITAL / LAST NAME		DATE OF BIRTH:

IF TERMINATING ELIGIBLE SPOUSE OR DEPENDENT CHILD, YOU MUST COMPLETE BELOW: SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION	
REQUEST: ☐ TERMINATE ELIGIBLE DEPENDENT (SPOUSE, BIOLOGICAL CHILD, etc.)	REQUIRED: ☐ SIGNED AND NOTARIZED WAIVER (AS PREPARED BY TRUST FUND OFFICE) ☐ WRITTEN STATEMENT STATING REASON FOR REQUEST ☐ PROOF OF OTHER COVERAGE
FIRST NAME / MIDDLE INITAL / LAST NAME	DATE OF BIRTH:

PART 5: NAME CHANGE – PLEASE INCLUDE A COPY OF SOCIAL SECURITY CARD AND DRIVER'S LICENSE WITH NEW NAME			
☐ NAME CHANGE – PARTICIPANT ☐ NAME CHANGE - FAMILY	FIRST NAME	M.I.	LAST NAME
☐ COPY OF SOCIAL SECURITY CARD ENCLOSED ☐ COPY OF DRIVER'S LICENCSE ENCLOSED	FORMER FIRST NAME	M.I.	FORMER LAST NAME

PART 6: PARTICIPANT'S SIGNATURE REQUIRED	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE INFORMATION I PROVIDED ABOVE IS TRUE AND CORRECT. I AUTHORIZE MY ADDRESS, PHONE NUMBER AND E-MAIL ADDRESS TO BE UPDATED, SHOULD THESE DIFFER FROM THE CURRENT INFORMATION ON FILE AT THE ADMINISTRATIVE TRUST FUNDS OFFICE. I UNDERSTAND THAT IF MY MARTIAL STATUS HAS CHANGED, I MUST PROVIDE THE APPROPRIATE DOCUMENTATION.	
PARTICIPANT SIGNATURE REQUIRED X	DATE SIGNED / /

FOR OFFICE USE ONLY							
NOTES	**REASON**	**MEDICAL**	**DENTAL**	**EFFECTIVE DATE OF COVERAGE**			**DOCUMENTS RECEIVED**
				MONTH	DAY	YEAR	
	☐ ADD SPOUSE/DEPENDENT ☐ TERM SPOUSE/DEPENDENT ☐ NAME CHANGE						DATE RECEIVED: _____ BY: _____ ☐ MARRIAGE CERT ☐ DISSOLUTION OF MARRIAGE ☐ BIRTH CERT ☐ ADOPTION DOCUMENTS ☐ LEGAL GUARDIANSHIP ☐ SOCIAL SECURITY CARD ☐ FOSTER DOCUMENTS ☐ OTHER:

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ADDITIONAL INFORMATION:	
LIST OF ELIGIBLE DEPENDENTS UNDER THE ACTIVE HEALTH PLAN:	**PLEASE INCLUDE THE REQUIRED DOCUMENTATION WITH THIS ENROLLMENT FORM:**
SPOUSE	CERTIFIED MARRIAGE CERTIFICATE
EX-SPOUSE AND FORMER STEP-CHILDREN	FINAL DIVORCE DECREE, LEGAL SEPERATION, ANNULMENT DOCUMENTS
BIOLOGICAL CHILDREN TO AGE 26	CERTIFIED BIRTH CERTIFICATE/PATERNITY TEST/QMCSO
STEP-CHILDREN TO AGE 26	CERTIFIED BIRTH CERTIFICATE
ADOPTED CHILDREN TO AGE 26	COUNTY OR ADOPTION AGENCY DIRECTIVE FOR ADOPTION PLACEMENT
PERMANENTLY DISABLED CHILDREN	CERTIFIED BIRTH CERTIFICATE/PATERNITY TEST/ ADOPTION OR GUARDIANSHIP AFFIDAVIT
CHILD WHO IS A WARD UNDER ORDER OF TEMPORARY OR PERMANENT GUARDIANSHIP OR FOSTER CHILD	LEGAL GUARDIANSHIP DOCUMENTATION OR DIRECTIVE OF A COUNTY DEPARTMENT FOR TEMPORARY GUARDIANSHIP OR FOSTER CHILD PLACEMENT
TEMPORARY DISABLED CHILD	DISABILITY APPLICATION/CERTIFIED BIRTH CERTIFICATE – CHILD SUBJECT TO TEMPORARY OR PERMANENT GUARDIANSHIP

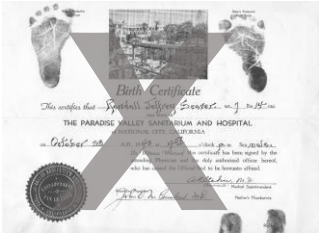
SAMPLE OF ACCEPTABLE DOCUMENTS BELOW:

Marriage Certificate
A certified marriage certificate proves you did get married and recorded with the county clerk's office. This is an approved verification document.

Birth Certificate
For a birth certificate to be accepted, it must contain the parent(s) name and be issued by the county or state to prove relationship status.

Marriage License
A marriage license only proves you filed for a license and is **NOT** an approved verification document.

Hospital's Certificate of Live Birth
Sometimes with the baby's footprints, it is not a valid proof of identity.



IMPORTANT INFORMATION - NOTIFICATION OF CHANGE IN MARITAL STATUS:

The Active Health Plan Summary Plan Description, Article 4.10 states: "Upon dissolution, divorce, legal separation or annulment, a spouse ceases to be an eligible Dependent on the first day of the month following the month in which the Judgment terminating the marital relationship or providing for legal separation is issued. However, a former spouse may continue to be eligible as a qualified beneficiary under this Plan if COBRA continuation coverage is timely elected as more fully set forth in the COBRA provisions of this Plan. In order to avoid the loss of prospective eligibility, you should notify the Administrative Office of a dissolution, divorce, legal separation or annulment as soon as it occurs. Should neither the Participant nor the former spouse notify the Administrative Office within sixty (60) days of the issuance of the Judgment or termination of marital status, the Participant, former spouse and the spouse's dependents who are no longer the Participant's dependents under the Plan are penalized. The Participant's Hours Bank Reserve shall be charged 120 hours times the number of months thereafter until notice is received. The former spouse and lawful dependents who are no longer your dependents under the Plan lose all COBRA rights (see Article 16.1 COBRA, subpart D). Insurance companies and/or HMO providers may also seek legal damages for the failure to provide prompt notification and the Fund, through the Board of Trustees, shall hold the individual Participant liable for any damages incurred and pursue legal relief against the Participant."

NOTE: "When the hourly rate of contributions being transferred to this Plan is less than the hourly rate of contributions paid directly to this Plan under the Inside Wireman's collective bargaining agreement in effect at the time of the contributions transfer, the hours credited to you under this Plan will be prorated".