SHOP IRONWORKERS LOCAL 790 WELFARE PLAN
ENROLLMENT FORM – ACTIVE

556 South Fair Oaks Avenue #30, Pasadena CA 91101
(866) 339-7467 • (626) 792-7335 Fax

PLEASE FILL OUT THE FORM COMPLETELY AND LEGIBLY

I AM A

☐ NEW MEMBER

OR, I AM CHANGING MY

☐ NAME ☐ ADDRESS ☐ DEPENDENTS*

☐ MARITAL STATUS ☐ BENEFICIARY ☐ DENTAL COVERAGE

PARTICIPANT DATA

LAST NAME	FIRST NAME	INIT.	SOCIAL SECURITY NUMBER

MAILING ADDRESS (STREET OR P.O. BOX)	SEX (M/F)	DATE OF BIRTH

CITY	STATE	ZIP	TELEPHONE NUMBER ( )

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED	DATE OF MARRIAGE/DIVORCE	EMPLOYER	DATE OF HIRE
		☐ BARGAINED ☐ NON-BARGAINED	

MEDICAL SELECTION –

☐ **BLUE CROSS PRUDENT BUYER** (EFF 8/1/07)

CHOICE OF PLANS
DENTAL SELECTION – CHOOSE ONE:

☐ **CIGNA DENTAL PPO-** GRP #3337027
☐ **PACIFIC UNION DENTAL** - GRP #95566
☐ **CIGNA DENTAL DHMO** - GRP #3337027

FAMILY DATA

FULL NAME	RELATION**	SEX	DATE OF BIRTH	SOCIAL SECURITY #
SPOUSE				
DEPENDENT				
DEPENDENT				
DEPENDENT				
DEPENDENT				

****Relation – Spouse, Son, Daughter, Stepson, Stepdaughter, Other**

Important Notice: I apply for Health Plan membership for the persons listed and agree that we shall abide by the provisions of the Health Maintenance Organization (HMO) service agreement or preferred provider plan regulations, whichever applies. I understand that the service agreement provides that all claims, including medical malpractice claims, which arise because I or someone with a relationship to me, believed that some conduct in, or arising from my relationship with the HMO, HMO hospitals, or the HMO medical group, as a member or as a patient, has caused any harm, must be submitted to binding arbitration instead of court trial.

THIS FORM MUST BE SIGNED TO PROCESS YOUR ENROLLMENT SELECTION(S)

DATE:_____ **SIGNATURE**_____

(OVER)

INSTRUCTIONS: (Please read carefully before completing the "Enrollment Form")

The Enrollment Form must be completed in order to enroll you and your dependents, if applicable, for Health & Welfare coverage under one of the Fund's Plans. Be sure to complete all of the information requested on the Enrollment Form. Under the terms of your coverage, you may make an election of the Medical and Dental Plan. Be sure to complete the box marked "CHOICE OF PLANS".

Please read your Summary Plan Description for descriptions of the various plans.

TO ADD OR CHANGE YOUR DEPENDENT, THE FOLLOWING DOCUMENTATION IS REQUIRED.

- COPIES OF CERTIFIED MARRIAGE CERTIFICATE OR DIVORCE PAPERS
- COPIES OF CERTIFIED BIRTH CERTIFICATES FOR DEPENDENT CHILDREN
- FOSTER & ADOPTED CHILDREN: LEGAL GUARDIANSHIP OR COURT ADOPTION PAPERS

DEPENDENT ELIGIBILITY AND ENROLLMENT – WHO IS ELIGIBLE:

If YOU qualify for benefits, the following dependents may be covered:

- **YOUR LEGAL SPOUSE**
- Children who are less than 26 years of age. Eligible dependent children include your:
  - NATURAL CHILDREN
  - STEP-CHILDREN
  - LEGALLY ADOPTED CHILDREN
  - CHILDREN PLACED FOR ADOPTION
  - CHILDREN FOR WHOM YOU HAVE BEEN LEGALLY APPOINTED GUARDIAN.
- ***DEPENDENTS WHO ARE OFFERED COVERAGE BY HIS/HER EMPLOYER BUT DENIES THAT COVERAGE WILL NOT BE ELIGIBLE (INCLUDING COVERAGE THROUGH THEIR SPOUSES EMPLOYER).**
- **DISABLED DEPENDENT CHILDREN** over age 19 and incapable of self-supporting employment because of mental retardation or physical handicap will have eligibility extended.

ELIGIBILITY FOR ALL PERSONS LISTED ABOVE SHALL BE SUBJECT TO ALL PROVISIONS AND LIMITATIONS OF THE TRUST AGREEMENT AND PLAN DOCUMENT AS WELL AS TO ANY RULES OR REGULATIONS ADOPTED BY THE BOARD OF TRUSTEES.

The Enrollment Form requires that you name a beneficiary to your *Death and Accidental Death & Dismemberment Benefits* under the Fund. Be sure to complete it and be specific as to which you are naming – give full name with Jr., Sr., etc., to avoid confusion with anyone else.

BENEFICIARY OF DEATH BENEFIT			
BENEFICIARY'S FULL NAME & ADDRESS	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
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YOUR SIGNATURE _____ DATE _____

Please submit your marriage certificate if married and/or birth certificates for any dependents you are enrolling