

**LOCAL 60 HEALTH AND WELFARE  
HEALTH INSURANCE ENROLLMENT FORM**

**PLEASE PRINT**

LAST NAME FIRST MIDDLE NAME

STREET ADDRESS

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH  MALE  FEMALE

SINGLE  MARRIED  DIVORCED  LEGALLY SEPARATED  WIDOWED DATE OF MARRIAGE, DIVORCE, OR LEGAL SEPARATION

TYPE OF PLAN COVERAGE APPLYING FOR:  INDIVIDUAL  FAMILY

I WISH TO:  CHANGE NAME  CHANGE ADDRESS  ADD DEPENDENT  REMOVE DEPENDENT

COMPLETE DEPENDENT(S) INFORMATION ONLY IF APPLYING FOR FAMILY COVERAGE – NAMES MUST BE ENTERED EXACTLY AS THEY APPEAR ON SOCIAL SECURITY CARD

1. FIRST \_\_\_\_\_ MIIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
SS NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX  M  F BIRTH DATE \_\_\_\_\_
2. FIRST \_\_\_\_\_ MIIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
SS NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX  M  F BIRTH DATE \_\_\_\_\_
3. FIRST \_\_\_\_\_ MIIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
SS NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX  M  F BIRTH DATE \_\_\_\_\_
4. FIRST \_\_\_\_\_ MIIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
SS NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX  M  F BIRTH DATE \_\_\_\_\_
5. FIRST \_\_\_\_\_ MIIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
SS NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX  M  F BIRTH DATE \_\_\_\_\_

IF YOU OR ANY MEMBER OF YOUR FAMILY IS COVERED BY ANY HOSPITAL, MEDICAL, PRESCRIPTION, DENTAL OR VISION PLAN (OTHER THAN LOCAL 60 HEALTH AND WELFARE PLAN) PLEASE FURNISH THE FOLLOWING:

ID OR POLICY NUMBER NAME OF INSURED PLACE OF EMPLOYMENT

RELATIONSHIP OF INSURED:  SELF  SPOUSE  DEPENDENT

INSURANCE COMPANY AND ADDRESS: \_\_\_\_\_

I UNDERSTAND THAT THIS SELF-INSURED PLAN IS A "GRANDFATHERED HEALTH PLAN" UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. I UNDERSTAND IF I DROP OUT OF THE PLAN WITHOUT A QUALIFYING EVENT, I MUST WAIT ONE FULL YEAR TO RE-ENROLL. I HAVE RECEIVED A COPY OF THE SUMMARY PLAN DESCRIPTION (SPD) BOOKLET, SUMMARY OF MATERIAL MODIFICATIONS (SMM), AND THE ANNUAL SUMMARY OF BENEFITS AND COVERAGE (SBC). I HAVE ATTACHED COPY(S) OF APPLICABLE DOCUMENTS: SOCIAL SECURITY CARD(S), BIRTH CERTIFICATE(S), ADOPTION PAPERS, MARRIGE LICENSE, DIVORCE AGREEMENT, LEGALLY SEPARATED AGREEMENT FOR ALL COVERED INDIVIDUALS LISTED ABOVE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_