SPECIAL ENROLLMENT FORM PLUMBERS LOCAL UNION No. 1 WELFARE FUND -

50-02 Fifth Street, Long Island City, N.Y. 11101 www.ualocal1funds.org

Tel. (718) 835-2700

Fax. (718) 641-8155

10/2017

(A) Participant Information:		Use a ball	lpoint pen to complete forn
(1) Social Security Number	(2) Last	(3) First	(4) Init.
(5) Street	(6) City	(7) State	(8) Zip
(9) Date of Birth	(10) Gender M F	(11) Home Phone Number / Cell Num	ber
(12) E-mail Address	loyer	(16) Last date of Employn	nent
(B) Adult Child Information: Child's relations (1) Natural Son/Daughter		ild placed with you for adoption	⁽⁴⁾ Step Child
(5) Social Security Number	(6) Last	(7) First	(8) Init.
(9) Date of Birth	(10) Gender M F	(11) Home Phone Number / Cell Num	ber
(12) Is your adult child: Currently enrolled in (14) Is your adult child employed? Yes (16) Is your adult child Eligible for other emplo (17) Is your adult child Eligible for other emplo	\square No If yes, complete Section C $^{(15)}$ Is accepted by er-sponsored coverage through h	lult child's spouse employed? ☐ Yes ☐ nis / her own employer? ☐ Yes ☐ No	No If yes, complete Section C
(C) Employer Name, Address and Phone Numarried and the spouse is employed, provide in	ımber: If your child is employed, p	rovide employer name, address and pho	one number. If the child is
(1) Adult Child's Employer Name:	ne Number:		
(D) Eligibility for Other Health Coverage: Coher employment or his / her spouse's employment	omplete the following section if you nent.	r adult child is currently eligible for healt	h coverage either through his
(1) Policy Name:			
(E) Participant Affidavit :			
I acknowledge by signing this form t understand that if I conceal informat for Fund coverage will be terminated on the false or misleading information	tion, provide false information d retroactively and I will be li on.	on or otherwise mislead the Fund iable for any claims that were pa	d, my child's eligibility aid erroneously based
Participant Signature		Date	
State of:	Co	ounty of:	
On the day of known to me to be the person descr acknowledged to me that (s)he exec	ibed in and who executed th	e came ne foregoing statement and (s)h	e duly
		Not	tary Public

SPECIAL ENROLLMENT FORM FOR ELIGIBLE ADULT CHILDREN UNDER AGE 26

If you have an adult child who is under age 26 (whether married or unmarried), who is currently not covered under the Plan or receiving continuation coverage under COBRA, that child may be eligible to enroll in the Plan. This special enrollment opportunity applies to children between the ages of 18 and 26:

This special enrollment opportunity applies to:

- Who were not previously eligible to enroll in the Plan;
- Who were eligible to enroll but did not do so during the last enrollment period;
- Who were previously denied coverage under the Plan; or
- Whose coverage under the Plan already ended

Please complete the form on the reverse of this notice for each adult child you wish to enroll in the Plan. If you have more than one adult child, you will need to complete a separate form for each adult child. This Plan defines an adult child as an individual over age 18 and up to age 26 who is a natural child, stepchild, adopted child or child placed for adoption.

To enroll your adult child you must complete this form and also provide a copy of the child's birth certificate. For adopted children or those placed for adoption with you, you must provide a copy of the adoption paperwork. For a stepchild, you must provide a copy of your and your spouse's marriage certificate, as well as the child's birth certificate.

Additional Information:

The Plan will continue to cover disabled children under the current Plan's provisions. Please see your SPD for information on coverage for disabled children.

Mail Completed Form(s) to:

PLUMBERS LOCAL UNION No. 1 WELFARE FUND 50-02 Fifth Street, 2nd Floor Long Island City, New York 11101 Attn: Enrollment Services

• If you have any questions in completing this Form, please call the Fund Office Welfare Department at (718) 835-2700.