PLUMBERS LOCAL UNION No. 1 WELFARE FUND -

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

SPECIAL ENROLLMENT FORM Fax. (718) 641-8155

Tel. (718) 835-2700

10/2017

(A) Participant Information:	Use a ballpoint per	n to complete form
(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 Number	
(12) E-mail Address		
(13) Retired (14) Active (15) Current or Last Employer	(16) Last date of Employment	
(B) Adult Child Information: Child's relationship to you:		
(5) Social Security Number (6) Last	(7) First	(8) Init.
(9) Date of Birth (10) Gender M F	(11) Home Phone Number / Cell Number	
⁽¹²⁾ Is your adult child: Currently enrolled in the Plan? \Box Yes \Box No ⁽¹³⁾ Is your adult child married? \Box Yes \Box No ⁽¹⁴⁾ Is your adult child employed? \Box Yes \Box No If yes, complete Section C ⁽¹⁵⁾ Is adult child's spouse employed? \Box Yes \Box No If yes, complete Section C ⁽¹⁶⁾ Is your adult child Eligible for other employer-sponsored coverage through his / her own employer? \Box Yes \Box No If yes, complete Section D ⁽¹⁷⁾ Is your adult child Eligible for other employer-sponsored coverage through his / her Spouse's employer? Yes \Box No If yes, complete Section D		
(C) Employer Name, Address and Phone Number: If your child is employed, provide married and the spouse is employed, provide information about the spouse is employed.		
 (1) Adult Child's Employer Name:		
(D) Eligibility for Other Health Coverage: Complete the following section if your adult child is currently eligible for health coverage either through his her employment or his / her spouse's employment.		
 (1) Policy Name:		
(E) Participant Affidavit :		
I acknowledge by signing this form that all the information provided is understand that if I conceal information, provide false information or for Fund coverage will be terminated retroactively and I will be liable on the false or misleading information.	otherwise mislead the Fund, my ch for any claims that were paid erron	ild's eligibility
Participant Signature		
State of: County	of:	
State of: County of: County of: On the day of, 20 before me came, known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.		
	Notary Pub	lic

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.