

DEPENDENT COVERAGE ENROLLMENT FORM

Optional

Participant Name:				SSN:	
Address:					
City:		State:		Zip:	
Cell Phone:			Email Address:		
Marital Status:	Single	Married	Divorced	Separated	Widowed
Coverage Election – check one					
Type of Coverage		Effective Date		Cost Per Month	
Child(ren) Only				\$170.00	
Spouse Only				\$250.00	
Family				\$420.00	
Dependent(s) to be Enrolled					
Dependent Name		Relation	Date of Birth		Social Security Number

Important Information

1. Copy of marriage certificate is required to add spouse
2. Copy of birth certificate is required to add dependent child
3. Payment is due at the time of enrollment
4. Effective Date will be the first day of the month elected
5. Dependent coverage is not automatic

Please Read and Sign Below

The fund office will send monthly bill for premium. Premiums are due on the last day of the month prior to the month of coverage. If you miss a payment, coverage will be terminated and you will not be allowed to re-enroll the dependents unless they are eligible for enrollment due to a special enrollment event, or during open enrollment period. Dependent coverage rates are subject to change at the discretion of the Board of Trustees.

Signature:	Date:
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