

MID CENTRAL OPERATING ENGINEERS HEALTH AND WELFARE FUND
DEPENDENT CHILD SPECIAL ENROLLMENT FORM (AGES 19 through 25)

To Be Completed for Special Enrollment for those Dependents effective 8-1-2014 regardless of employer coverage or availability to employer coverage. If you have other coverage, please attach a copy of the front and back of your medical card along with this enrollment form. Other coverage will be subject to coordination of benefits. (One application must be completed per dependent)

Member's Name _____ SSN _____

Member's Address _____

Telephone # _____ Email Address _____

Dependent's Name _____ SSN _____

Dependent's Address (if different) _____

Telephone # _____ Email Address _____

Is Dependent Employed? _____ If Yes, Name of Employer _____

Address of Dependent's Employer (If employed) _____

Telephone Number of Dependent's Employer (if employed) _____

I hereby attest that this dependent making application for coverage is not offered coverage through his/her employer _____

I hereby attest that this dependent making application did not elect coverage offered through his/her employer _____

Employer Signature _____, Title _____ Date _____

Is Dependent Married? _____ If So, Name of Dependent's Spouse _____

Is Dependent's Spouse Employed? _____ If So, Name of Employer _____

Address of Dependent's Spouse's Employer (If employed) _____

Telephone Number of Dependent's Spouse's Employer (if employed) _____

I hereby attest that this dependent making application for coverage is not offered coverage through his/her spouses employer _____

I hereby attest that this dependent making application did not elect coverage offered through his/her spouses employer _____

Employer Signature _____, Title _____ Date _____

The Fund Office has our permission to contact the employer(s) listed above, if applicable, for verification of health care coverage availability. I understand that if this information changes, it is our responsibility to notify the Fund Office immediately.

Member's Signature _____ Date _____

Dependent's Signature _____ Date: _____