

Mid Central Operating Engineers Health & Welfare Fund

PO Box 9605, Terre Haute, IN 47808

812-232-4384

Adding New Dependant to Retiree Coverage Application

Retiree Information – Complete the following information:

Retiree Name		Date of Birth	
MOJ MCO #		Phone Number	
Address	City	State	Zip Code

Election to begin Coverage – Check One:

- _____ I want to begin coverage for my new spouse and dependent
Date desired to begin coverage _____ (must be beginning of a month or on the date the dependent is acquired)
- _____ I want to begin coverage for my new spouse only
Date desired to begin coverage _____ (must be beginning of a month or on the date the dependent is acquired)
- _____ I want to begin coverage for my new dependent only
Date desired to begin coverage _____ (must be beginning of a month or on the date the dependent is acquired)

Dependent Information: Provide the following information for each eligible Dependent for whom coverage is being added

Spouse's Name	Social Security Number	Birth Date
Dependent Name	Social Security Number	Birth Date
Dependent Name	Social Security Number	Birth Date

Authorization

I wish to add new dependants to my coverage under the Mid Central Operating Engineers Health & Welfare Fund retiree program. Attached, is a copy of my Marriage Certificate verifying the date of my marriage. I understand full payment for my new dependants' coverage under the Mid Central Operating Engineers Health & Welfare Fund retiree program must be received by the Fund Office **within 30 days** of the date of this application. By signing below, I understand that coverage will begin on the date requested once full payment is received by the Fund Office and that I do not need to wait until the beginning of an eligibility period.

Member's Signature _____ Date _____

Enclosure(s): Marriage Certificate