

Electrical Workers Local 369 Benefit Fund  
906 Minoma Avenue  
Louisville, KY 40217  
(502) 635-2611 or (800) 427-2495

## Adding a Child to the Plan

Complete and send this form to the Fund Office when you are adding a child(ren) to the Plan. **You may return forms and documentation to the Fund Office by mail or fax.**

### Mail

Electrical Workers Local 369 Benefit Fund  
906 Minoma Ave.  
Louisville, KY 40217

### Fax

502-637-3444

## Regulations

When you are eligible for coverage, coverage for your eligible dependents is automatic. ***However, you must submit this form, other applicable forms, and documentation before any claims will be paid.***

One of the following must occur for you to add a child:

- You are newly eligible
- You are continuing or reinstating benefits through the Plan
- You and your spouse have a natural child through birth
- You marry and now are responsible for step-children
- You adopt a child
- You provide a foster home for a child
- You are subject to a Qualified Domestic Relations Order (QDRO)

## Forms

If your child receives additional coverage from another plan, you also must submit a **COORDINATING CHILD'S BENEFITS** form.

## Documentation

- Birth certificate, proof of adoption or fostering, Qualified Domestic Relations Order (QDRO)
- Marriage certificate, if step-children

***Complete reverse side to add children***

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<b>Employee Name</b>		Today's date	
Social Security number		Primary phone number	
Date of birth		Email address	
Home address	City	State	Zip code
The reason you are adding this child (choose one)			
<input type="checkbox"/> You are newly eligible			
<input type="checkbox"/> You are reinstating benefits			
<input type="checkbox"/> You and your spouse had a child through birth			
<input type="checkbox"/> You married and now are responsible for step-child(ren)			
<input type="checkbox"/> You adopted a child			
<input type="checkbox"/> You are providing a foster home for a child			
<input type="checkbox"/> You are subject to a Qualified Domestic Relations Order			
Does this child have coverage under another Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Provide the following information for each child you are adding to the Plan.

<b>Child Name</b>			
Social Security number		Date of birth	
Home address	City	State	Zip code
<b>Child Name</b>			
Social Security number		Date of birth	
Home address	City	State	Zip code
<b>Child Name</b>			
Social Security number		Date of birth	
Home address	City	State	Zip code
<b>Child Name</b>			
Social Security number		Date of birth	
Home address	City	State	Zip code
<b>Child Name</b>			
Social Security number		Date of birth	
Home address	City	State	Zip code

By signing this form, I affirm that, to the best of my knowledge, the information I am providing is true and accurate. I am aware that the Plan provisions are provided in the Electrical Workers Local 369 Benefit Fund Plan Document. If there is a discrepancy between the wording here and the Plan Document, the language in the Plan Document governs. I acknowledge that the Trustees reserve right to interpret, amend, modify or terminate this Plan or any of the benefits at any time.

Employee signature

Date