

## 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.

### 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.

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), Copy of Social Security for each dependent
- Marriage certificate, if step-children

**You may return forms and documentation to the Fund Office by mail, fax, or email.**

#### Mail

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

#### Fax

502-637-3444

Us

#### Email

[mwendler@369benefits.com](mailto:mwendler@369benefits.com)

Contact the Fund Office for more information about your benefits.

**1-502-635-2611 or**

**1-800-427-2495**

<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)

- You are newly eligible
- You are reinstating benefits
- You and your spouse had a child through birth
- You married and now are responsible for step-child(ren)
- You adopted a child
- You are providing a foster home for a child
- You are subject to a Qualified Domestic Relations Order

Does this child have coverage under another Plan?  No  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

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**Child Name**

Social Security number		Date of birth	
Home address	City	State	Zip code

**Child Name**

Social Security number		Date of birth	
Home address	City	State	Zip code

**Child Name**

Social Security number		Date of birth	
Home address	City	State	Zip code

**Child Name**

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.

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Employee signature

Date