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

Adding a Spouse to the Plan

Complete and send this form to the Fund Office when you are adding your Spouse 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 spouse:

- You are newly eligible
- You are continuing or reinstating benefits
- You married recently
- Your spouse recently lost health coverage through another plan and now this Plan will provide all of his or her coverage

Forms

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

Documentation

Please provide a copy of your marriage certificate with this form.

Employee Name		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 spouse (choose one)

☐ You are newly eligible
☐ You are reinstating benefits
☐ You recently married
☐ Your spouse recently lost the health care under which he or she was covered

Does your spouse have coverage under another Plan? ☐ Yes ☐ No

Spouse Name		Today's date	
Social Security number		Primary phone number	
Date of birth		Email address	
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