

## Removing a Dependent from the Plan (Spouse or Child) Form

Complete and send this form to the Fund Office when you are removing a spouse or child from the Plan.

Remember to update the **DESIGNATING A BENEFICIARY** form when you want to change who will receive your death benefit.

### Regulations

You will remove your spouse from Plan coverage when you and that spouse legally separate or divorce.

You will remove a child from Plan coverage when he or she turns age 26, has access to his or her own group plan, or changes coverage due to a Qualified Domestic Relations Order (QDRO).

Your spouse and/or child(ren) will generally be eligible for COBRA continuation coverage under these circumstances.

### Documentation and Forms

If you are removing a spouse, because of divorce or separation, provide a copy of the decree.

**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

Use the cover page provided

#### Email

lcarroll@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
<b>Spouse Name</b>			
Social Security number		Primary phone number	
Date of birth		Email address	
Home address	City	State	Zip code
<b>Child Name</b>			
Social Security number		Birthdate	
Home address	City	State	Zip code
<b>Child Name</b>			
Social Security number		Birthdate	
Home address	City	State	Zip code
<b>Child Name</b>			
Social Security number		Birthdate	
Home address	City	State	Zip code
<b>Child Name</b>			
Social Security number		Birthdate	

Home address	City	State	Zip code
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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
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