

CENTRAL STATES HEALTH & WELFARE FUND NEW MEMBER ENROLLMENT FORM

We are pleased to have you as a participant of the Central States Health and Welfare Fund. **It is very important for you to complete this Enrollment Form so that future health and welfare claims are not delayed for you and your dependents.** Please complete and sign this form and return to the Fund as soon as possible.

SECTION 1	EMPLOYEE ENROLLMENT INFORMATION				
NAME OF EMPLOYER		LOCAL UNION		DATE OF HIRE	
SOCIAL SECURITY NO.		BIRTH DATE			
LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS					
CITY		STATE		ZIP CODE	
PHONE NUMBER		E-MAIL ADDRESS			
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS.			<input type="checkbox"/> CHECK HERE IF ADDITIONAL CARDS ARE NEEDED.		

SECTION 2	SPOUSE ENROLLMENT INFORMATION				
SPOUSE'S SOCIAL SEC.		BIRTH DATE		MARRIAGE DATE	
LAST NAME		FIRST NAME, MIDDLE INITIAL		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SPOUSE'S EMPLOYER		PHONE			
DOES YOUR SPOUSE HAVE INSURANCE THROUGH HIS/HER EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF INSURANCE		PHONE			
GROUP POLICY NUMBER					
CHECK <u>ALL</u> THE COVERAGES PROVIDED BY SPOUSE'S INSURANCE		<input type="checkbox"/> MEDICAL <input type="checkbox"/> RX <input type="checkbox"/> CHIROPRACTIC <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION			
DOES YOUR SPOUSE'S INSURANCE PROVIDE COVERAGE FOR DEPENDENT CHILDREN?			<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION 3						DEPENDENT CHILDREN ENROLLMENT INFORMATION	
						* See backside for documents required for enrollment *	
LAST NAME	FIRST NAME	MI	BIRTH DATE	GENDER Check One	RELATIONSHIP TO EMPLOYEE		
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			

(List additional children on a separate sheet)

Please note that the Fund may require additional documentation before claims can be processed. If you have any questions regarding the enrollment process, please call our Participant Services Department at 1-800-323-5000.

Please mail to: Indicative Records Department
Central States Health and Welfare Fund
PO Box 5112
Des Plaines, IL 60017-5112

Or fax to: (847) 518-9779

I certify the accuracy of this information and understand that I must inform the Health and Welfare Fund of any changes.

PARTICIPANT SIGNATURE

DATE

CENTRAL STATES HEALTH & WELFARE FUND NEW MEMBER ENROLLMENT FORM

DOCUMENTS REQUIRED FOR ENROLLMENT

Please provide us with copies of any applicable documentation as outlined below.

In order to assist you in the enrollment process and ensure a smooth transition to the Fund, the following information and/or documentation is required so that you and your dependents are properly enrolled. For those electing coverage for one or more children, the Plan requires that each child meets the necessary requirements to be enrolled as a dependent.

ENROLLING ONLY THE EMPLOYEE:

- No further documentation is required

ENROLLING EMPLOYEE AND SPOUSE:

- Complete Section 2 on the previous page, taking care to include the marriage date

ENROLLING ONE OR MORE CHILDREN:

Complete Section 3 on the previous page and include copies of the following documents:

Dependent Child from a Previous Marriage

- The complete Divorce Decree & Settlement of the natural parents

Stepchild

- Birth Certificate of child
 The complete Divorce Decree & Settlement of the natural parents
 Marriage Certificate to current spouse

Child Born Outside of Marriage

- Court Order regarding insurance
 Birth Certificate of child
 Name and birth date of other natural parent, including information regarding any other insurance coverage

Child for Which You are Guardian

- Guardianship / Custody documents

Adopted Child

- Final Adoption Papers
 If the adoption is not yet final, please provide a copy of the Placement Agreement

ENROLLING A CHILD BETWEEN THE AGES OF 19 AND 23:

- A completed STUDENT VERIFICATION FORM
(to obtain form, call 1-800-323-5000, or download a copy from our website at www.centralstates.org)

**Please return the Enrollment Form
with any required documentation to:**

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