

ENROLLMENT FORM
 CARPENTERS' PLAN OFFICE EMPLOYEE PLAN (OE PLAN)

ST. LOUIS – KANSAS CITY CARPENTERS REGIONAL HEALTH PLAN (PLAN)

1419 HAMPTON AVENUE, ST. LOUIS, MO 63139


DEPENDENTS MUST BE ENROLLED WITHIN 30 DAYS OF A QUALIFYING EVENT TO AVOID DELAYED COVERAGE
A. MEMBER/SPOUSE INFORMATION – PLEASE PRINT CLEARLY IN INK *OE PLAN ONLY:* EMPLOYER NAME _____

Member Legal Last Name		Member Legal First Name		Member Legal Middle Name	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Member Social Security Number	
Member Home Address			City	State	Zip
Home Phone	Member Cell Phone	Email Address			
If Married, complete this section	Spouse Legal Last Name, First Name, MI			Date of Marriage	
	Spouse Social Security Number		Spouse Date of Birth		Spouse Cell Phone

B. DEPENDENT INFORMATION – LIST ALL ELIGIBLE DEPENDENTS UNDER THE AGE OF 26 WITH LEGAL NAME AS APPEARS ON SOCIAL SECURITY CARD. ADDITIONAL DEPENDENTS MAY BE LISTED ON A SEPARATE SHEET.

Dependent Legal Name (Last, First, Middle Initial)	Date of Birth (MM/DD/YY)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Member <input type="checkbox"/> Natural Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Step-Child
				List different address or N/A:
				List different address or N/A:
				List different address or N/A:
				List different address or N/A:

C. MEMBER/CHILDREN OTHER INSURANCE – DO NOT LIST SPOUSE INFORMATION HERE. SEE *SPOUSAL COVERAGE PROGRAM VERIFICATION FORM*. OTHER INSURANCE INFORMATION ON MEMBER/DEPENDENT CHILDREN MUST BE FILLED OUT BELOW. ADDITIONAL CARRIERS MAY BE LISTED ON A SEPARATE SHEET.

Other Insurance Company Name		Policy Holder's Name	Relationship to Dependent(s)
Policy Holder's Date of Birth	Dependents covered under plan: 1 _____ 2 _____ 3 _____ 4 _____		If more than 4 dependents covered under this policy holder, please attach list to this page.
Dependent's Effective Date – REQUIRED FOR PROMPT CLAIMS PAYMENT		Coverage Includes: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Prescription	

D. DOCUMENTATION REQUIREMENTS FOR SPOUSE & DEPENDENTS: SEE PAGE 2 OF ENROLLMENT FORM FOR REQUIRED PAPERS

E. DECLARATION STATEMENT – I hereby declare under penalty of perjury that the information on this form is correct and complete to the best of my knowledge. Upon request by the Plan, I agree to obtain and furnish a copy of any marriage license, divorce decree, support order, or other relevant documents. I understand that if any incorrect or misleading information on this form results in a loss to the Plan, the Plan is entitled to recover the amount of such a loss from me or by withholding from my future benefits.

Member Signature (REQUIRED)

Date

ENROLLMENT FORM PAGE 2

REQUIRED DOCUMENTS FOR DEPENDENTS

IMPORTANT NOTES

1. **Members must enroll their dependents within 30 days of a qualifying event (birth, adoption, marriage, etc).** If the Enrollment Form is received within 30 days of the qualifying event, coverage will be made retroactive to that date. If the Enrollment Form is received more than 30 days from the qualifying event, coverage will begin on the date the Enrollment is received.
2. **All participants enrolled must be enrolled under their legal name and social security number as it appears on their Social Security card.** In order for you to avoid penalty from the IRS, Carpenters' Plan requires this information to report your Minimum Essential Coverage to the IRS annually. The IRS matches the information we submit with the information on your federal income tax return.

SPOUSE

1. **All spouses:** *Spousal Coverage Program Verification Form* (included in packet, on the website: www.carpdc.org/BenefitServices/Forms, or upon request)
2. **Spouses with last name different than the member's:** Copy of Marriage license or Marriage Certificate

CHILDREN

1. **Natural child(ren):** Birth certificate required.
 - a. **If member is not listed on the birth certificate,** paternity papers or legal documentation showing member is natural parent of dependent and the date of birth of both natural parents is required.
 - b. **If Natural parents are divorced,** divorce decree (with judge's signature) of member and other parent showing who has medical responsibility of child(ren) is required.
2. **Step-child(ren) of member: Carpenters' assumes a secondary position for coverage on step-children.** Copy of other insurance information from one or both natural parents and a birth certificate.
3. **Adopted Child(ren):** Placement and finalized Adoption papers from the Courts.
4. **Guardian Children are excluded from coverage under the Plan as they do not meet the requirements of an eligible dependent under Section 105(b) of the Internal Revenue Code.**

PLEASE NOTE: When sending copies of above documentation to the Plan, please include the member's name and social security number on each document for proper identification. Enrollment will not be complete without all necessary paperwork submitted in its entirety.

If you have any questions regarding proper completion of the Enrollment form or accompanying documentation required, please contact Member Services, Monday through Friday, 7 am to 4:30 pm:

By phone: (314) 644-4802
Toll-free: (877) 232-3863
By facsimile: (314) 678-1110
By email: benefits@carpdc.org

MAIL COMPLETED ENROLLMENT FORM WITH ALL NECESSARY DOCUMENTS TO:

Carpenters' Benefit Plans
Attn: Operational Services
1419 Hampton Ave
St. Louis, MO 63139