

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
Member Cell Phone	Opt In to Important Texts Regarding Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	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.
3. **DOCUMENTATION REQUIREMENTS:**

SPOUSE	Page 1 of member's most recent Redacted* Federal Income Tax Return listing the spouse AND signature page or Email Confirmation of filing. AND Spousal Coverage Program Verification Form AND Social Security number. *Redacted: Remove financial information before submitting, such as blacking out with a marker.
BIOLOGICAL CHILD UP TO AGE 26	Birth certificate (issued by a state, county, or vital records office) listing member as the parent AND child's Social Security number. Please include copy of Social Security card for verification. For newborn biological child enrollment, see next section.
NEWBORN BIOLOGICAL CHILD	Enrollment Form is required within 30 days of birth for coverage to begin. Birth certificate AND child's Social Security number are required within 90 days of birth for coverage to continue, otherwise, coverage will terminate.
ADOPTED CHILD	Certificate of adoption signed by a judge, order of adoption (intent to adopt) signed by a judge, OR birth certificate listing member as the parent AND child's Social Security number.
STEPCHILD UP TO AGE 26	Provide documentation to verify spouse (see SPOUSE section above) AND birth certificate of stepchild (issued by a state, county or vital records office) listing spouse as parent, applicable divorce decree AND child's Social Security number.

4. **COORDINATION OF BENEFITS (ALL FORMS REFERENCED BELOW MAY BE FOUND AT www.carpdc.org/HealthAndWelfare/Forms):**

SPOUSE	If Spouse has access to employer-based coverage, the Plan takes a secondary role and Spouse is required to take employer-based coverage. More details on the Spousal Coverage Program can be found in the <i>Spousal Coverage Verification Form</i> .
STEPCHILD	Carpenters' Plan assumes a secondary position for coverage on Stepchildren. Stepchildren should have primary coverage under a natural parent. Refer to the <i>Other Insurance Questionnaire</i> .
BIOLOGICAL and STEPCHILD AGE 19-26	Carpenters' Plan assumes a secondary position for coverage on children age 19-26 who have access to employer-based coverage through their/or their spouse's employer. Refer to the <i>Other Insurance Questionnaire</i> .

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

RESOURCES TO OBTAIN DOCUMENTS:

- Birth Certificates & Marriage Licenses in Missouri: <https://health.mo.gov/data/vitalrecords/applications.php>
- Expedited Birth Certificates & Marriage Licenses: <https://www.vitalchek.com/>
- Birth Certificates & Marriage Licenses Outside of Missouri: <http://www.cdc.gov/nchs/w2w.html>