



SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

6023 Garfield Avenue, City of Commerce, CA 90040

Phone: (323) 221-5861 or (800) 824-6935

Fax: (323) 726-3520

Mailing Address:

P. O. Box 910918

Los Angeles, CA 90091



Website: www.scibew-neca.org

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II. REQUEST HIPAA SPECIAL ENROLLMENT IN THE RETIREE HEALTH PLAN

You and/or your spouse declined initial enrollment in the Retiree Health Plan and have elected to enroll during the HIPAA Special Enrollment period. You have thirty (30) days from the first (1st) day you lose medical coverage in effect at the time of your initial declination in order to enroll in the Retiree Health Plan.

I ELECT TO ENROLL DURING THE HIPAA SPECIAL ENROLLMENT PERIOD.

I AM AN ELIGIBLE SPOUSE AND ELECT TO ENROLL DURING THE HIPAA SPECIAL ENROLLMENT PERIOD.

BOTH PARTICIPANT AND SPOUSE ELECT TO ENROLL DURING THE HIPAA SPECIAL ENROLLMENT PERIOD.

I/we acknowledge that pursuant to Title 19, U.S.C. Section 1027, it is a crime punishable by fine and imprisonment up to five (5) years, or both, for any person to knowingly make any false statements or representations of fact or conceal any fact to be relied upon by an ERISA Trust Fund in making a benefit determination. I understand that any false information may disqualify me from receiving benefits and that the Board of Trustees shall have a right to recover any payments made to me because of fraudulent information. I hereby certify, under penalty of perjury, that the information I have provided in this application is true and correct.

Participant Signature	Date Signed	Spouse Signature	Date Signed

This form is also available online at www.scibew-neca.org