

FAMILY ACCOUNT CHANGE FORM - ACTIVE

SOUTHERN CALIFORNIA IBEW-NECA HEALTH PLAN

100 Corson Street, Suite 200, Pasadena, CA 91103

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PLEASE COMPLETE FORM TO ADD/TERMINATE DEPENDENT(S) FROM THE ACTIVE HEALTH PLAN

PART 1: PARTICIPANT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER																	
STREET ADDRESS – DO NOT USE P.O. BOX			APT #:	CITY	STATE	ZIP CODE														
DATE OF BIRTH:				TELEPHONE NUMBER: ()								GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE								

PART 2: ELIGIBILITY STATUS DISCLAIMER (INITIALS REQUIRED)

INITIALS REQUIRED _____	I understand that the Southern California IBEW-NECA Health Trust Fund Board of Trustees reserves the right to require additional proof at any time of ongoing dependent eligibility and may conduct periodic audits to confirm eligibility status of all dependents.
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PART 3: ADD SPOUSE – SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION

REQUEST: <input type="checkbox"/> ADD SPOUSE <input type="checkbox"/> CERTIFIED MARRIAGE CERTIFICATE ENCLOSED	RELATIONSHIP: <input type="checkbox"/> SPOUSE – FEMALE <input type="checkbox"/> SPOUSE – MALE	DATE OF BIRTH:	
FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER:
DATE OF MARRIAGE:	FOR UNITEDHEALTHCARE PARTICIPANTS ONLY, INDICATE PHYSICIAN CARE CODE:		

ADD DEPENDENT UP TO AGE 26 - SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION

REQUEST: <input type="checkbox"/> ADD DEPENDENT <input type="checkbox"/> CERTIFIED BIRTH CERTIFICATE ENCLOSED	RELATIONSHIP: <input type="checkbox"/> SON <input type="checkbox"/> STEPSON	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEPDAUGHTER	DATE OF BIRTH:
FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER:
FOR UNITEDHEALTHCARE PARTICIPANTS ONLY, INDICATE PHYSICIAN CARE CODE:			

ADD DEPENDENT UP TO AGE 26 - SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION

REQUEST: <input type="checkbox"/> ADD DEPENDENT <input type="checkbox"/> CERTIFIED BIRTH CERTIFICATE ENCLOSED	RELATIONSHIP: <input type="checkbox"/> SON <input type="checkbox"/> STEPSON	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEPDAUGHTER	DATE OF BIRTH:
FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER:
FOR UNITEDHEALTHCARE PARTICIPANTS ONLY, INDICATE PHYSICIAN CARE CODE:			

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PARTICIPANT INFORMATION			
FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER

PART 4: IF TERMINATING EX-SPOUSE, YOU MUST COMPLETE BELOW:		
REQUEST: <input type="checkbox"/> TERMINATE EX-SPOUSE <input type="checkbox"/> FINAL DISSOLUTION OF MARRIAGE ENCLOSED	RELATIONSHIP: <input type="checkbox"/> EX-SPOUSE – FEMALE <input type="checkbox"/> EX-SPOUSE – MALE	EFFECTIVE DATE OF DIVORCE OR LEGAL SEPARATION:
FIRST NAME	MIDDLE INITIAL	LAST NAME
EX-SPOUSE'S FORWARDING ADDRESS:		DATE OF BIRTH:
		SOCIAL SECURITY NUMBER:

IF TERMINATING FORMER STEPCHILD, YOU MUST COMPLETE BELOW: SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION		
REQUEST: <input type="checkbox"/> TERMINATE STEPCHILD <input type="checkbox"/> FINAL DISSOLUTION OF MARRIAGE ENCLOSED	RELATIONSHIP: <input type="checkbox"/> FORMER STEPSON <input type="checkbox"/> FORMER STEPDAUGHTER	EFFECTIVE DATE OF DIVORCE OR LEGAL SEPARATION:
FIRST NAME	MIDDLE INITIAL	LAST NAME
		DATE OF BIRTH:

IF TERMINATING FORMER STEPCHILD, YOU MUST COMPLETE BELOW: SEE LIST OF ELIGIBLE PLAN PARTICIPANTS AND REQUIRED DOCUMENTATION		
REQUEST: <input type="checkbox"/> TERMINATE STEPCHILD <input type="checkbox"/> FINAL DISSOLUTION OF MARRIAGE ENCLOSED	RELATIONSHIP: <input type="checkbox"/> FORMER STEPSON <input type="checkbox"/> FORMER STEPDAUGHTER	EFFECTIVE DATE OF DIVORCE OR LEGAL SEPARATION:
FIRST NAME	MIDDLE INITIAL	LAST NAME
		DATE OF BIRTH:

PART 5: NAME CHANGE – PLEASE INCLUDE A COPY OF SOCIAL SECURITY CARD INDICATING NEW NAME			
<input type="checkbox"/> NAME CHANGE – PARTICIPANT <input type="checkbox"/> NAME CHANGE - FAMILY	FIRST NAME	M.I.	LAST NAME
<input type="checkbox"/> COPY OF SOCIAL SECURITY CARD ENCLOSED <input type="checkbox"/> COPY OF DRIVER'S LICENCSE ENCLOSED	FORMER FIRST NAME	M.I.	FORMER LAST NAME

PART 6: PARTICIPANT'S SIGNATURE REQUIRED	
PARTICIPANT SIGNATURE	DATE SIGNED

FOR OFFICE USE ONLY							
NOTES	REASON	MEDICAL	DENTAL	EFFECTIVE DATE OF COVERAGE			DOCUMENTS RECEIVED
	<input type="checkbox"/> ADD SPOUSE/DEPENDENT <input type="checkbox"/> TERM SPOUSE/DEPENDENT <input type="checkbox"/> NAME CHANGE			MONTH	DAY	YEAR	DATE RECEIVED: _____ BY: _____
							<input type="checkbox"/> MARRIAGE CERT <input type="checkbox"/> DISSOLUTION OF MARRIAGE <input type="checkbox"/> BIRTH CERT <input type="checkbox"/> ADOPTION DOCUMENTS <input type="checkbox"/> LEGAL GUARDIANSHIP <input type="checkbox"/> SOCIAL SECURITY CARD <input type="checkbox"/> FOSTER DOCUMENTS <input type="checkbox"/> OTHER:

PARTICIPANT INFORMATION			
FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER

ADDITIONAL INFORMATION:

LIST OF ELIGIBLE DEPENDENTS UNDER THE ACTIVE HEALTH PLAN:	PLEASE INCLUDE THE REQUIRED DOCUMENTATION WITH THIS ENROLLMENT FORM:
SPOUSE	CERTIFIED MARRIAGE CERTIFICATE
EX-SPOUSE AND FORMER STEP CHILDREN	FINAL DIVORCE DECREE, LEGAL SEPERATION, ANNULMENT DOCUMENTS
BIOLOGICAL CHILDREN TO AGE 26	CERTIFIED BIRTH CERTIFICATE/PATERNITY TEST/QMCSO
STEP CHILDREN TO AGE 26	CERTIFIED BIRTH CERTIFICATE
ADOPTED CHILDREN TO AGE 26	COUNTY OR ADOPTION AGENCY DIRECTIVE FOR ADOPTION PLACEMENT
PERMANENTLY DISABLED CHILDREN	CERTIFIED BIRTH CERTIFICATE/PATERNITY TEST/ ADOPTION OR GUARDIANSHIP AFFIDAVIT
CHILD WHO IS A WARD UNDER ORDER OF TEMPORARY OR PERMANENT GUARDIANSHIP OR FOSTER CHILD	LEGAL GUARDIANSHIP DOCUMENTATION OR DIRECTIVE OF A COUNTY DEPARTMENT FOR TEMPORARY GUARDIANSHIP OR FOSTER CHILD PLACEMENT
TEMPORARY DISABLED CHILD	DISABILITY APPLICATION/CERTIFIED BIRTH CERTIFICATE – CHILD SUBJECT TO TEMPORARY OR PERMANENT GUARDIANSHIP

SAMPLE OF ACCEPTABLE DOCUMENTS BELOW:

Marriage Certificate

A certified marriage certificate proves you did get married and recorded with the county clerk's office. This is an approved verification document.



Marriage License

A marriage license only proves you filed for a license and is **NOT** an approved verification document.



Birth Certificate

For a birth certificate to be accepted, it must contain the parent(s) name and be issued by the county or state to prove relationship status.



Hospital's Certificate of Live Birth

Sometimes with the baby's footprints, it is not a valid proof of identity.

