Southern Calfornia IBEW-NECA Health Plan – Positive Enrollment Form P.O. Box 910918, Los Angeles, CA 90040 Telephone: (800) 824-6935

"Positive Enrollment" is a process wherein participants submit copies of marriage certificates, birth certificates for dependents, documents related to dissolution, divorce, legal separation or annulment, the Social Security number, legal name and gender for all dependents. Positive enrollment ensures that your Health Trust Fund assets are used to provide benefits only for eligible participants and their eligible dependents. In the future, you will only be asked to provide similar notice and documentation when family changes occur.

Marriage Cer	tificate, birth c		dents, legal docume	oies of the documents listed by the ntation related to adoption of	pelow: or guardianship and documents	
IBEW # 11	District	Active Retired	Male [Female [Married Single	Widowed Divorced	
PLEASE PRINT Name				SS#Birthdate		
	Last	First	Middle Initial	Mo	nth Day Year	
Address						
Telephone: ((Street)		(City)	(State)	(Zip)	
Beneficiary	for Life Insura	nce		Relationsh	nip	
Beneficiary's Social Security Number				Beneficiary's Date of Birth		
Address of	Beneficiary					
<i>(</i>		(Street)		(City)	(State)	
eligible deper in marital stat eligibility rec	ndents. The un rus and/or chan puirements. The	dersigned acknowled ge in a dependent's	lges their responsibi status resulting in hi ares under penalty	lity to advise the Plan prompts or her ceasing to qualify a of perjury under all applic	completed card in determining ptly in the event of any change is a dependent under the plan's able law that the information	
DATE		SIGNATURE X				
				DENTS (Please print) t be listed on this card**		
		nmarried dependent hildren are not cover			ime student, may be included	
Name of Spouse and Dependent Children Below			M or F	Social Security Number	Birthdate	
				_		
				_		