

# Plasterers and Cabinet Makers Health Fund

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## ENROLLMENT FORM – Carpenters Industrial Council Participants with single only coverage in the Plasterers and Cabinet Makers Health Fund (Plan)

### Insured's Data

Name:	Social Security Number:
Date of Birth:	Phone Number:
Address:	
Do you have other insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please attach copy of other insurance ID card.)	

### Please note the following regarding Dependent Coverage for Carpenters Industrial Council Participants with single only coverage in the Plasterers and Cabinet Makers Health Fund (Plan):

If a Participant 1) works for an Employer signatory to a Carpenters Industrial Council Contract that participates in the Plasterers and Cabinet Makers Health Fund (Plan) 2) their employer qualifies as a large employer under the Patient Protection and Affordable Care Act (PPACA) and 3) the Participant has single only coverage, that Participant will now have the ability to elect to cover their Dependent Children up to age 26 under the Plan.

- Type of Coverage: The coverage for the Dependent Child(ren) is the same as for the Participant.
- Dependent Child Enrollment: If a Participant first becomes eligible for coverage after January 1, 2015, the Participant will be eligible to enroll their Dependent Children in the Plan within 30 days of when the Participant first becomes eligible for coverage under the Plan.
- Cost of Coverage: The Participant will be wholly responsible for the cost of the coverage for the Dependent Child(ren) under the Plan. The Board of Trustees for the Plan will set this cost of coverage on an annual basis and will adjust it from year-to-year. **For the year 6/1/16 through 5/30/17 the cost of coverage will be \$421 per Dependent Child.** Payment for coverage must be received by the Fund Office within 30 days of when the Participant first becomes eligible for coverage under the Plan.
- HIPAA Special Enrollment: If a Participant doesn't enroll their Dependent by January 1, 2015 or within 30 days of when they first become eligible for coverage under the Plan, then the Participant may only enroll Dependent Children when certain HIPAA special enrollment rights arise as a result of certain life events. In such a case, the Participant must enroll the Dependent Child within 30 days of the HIPAA special enrollment event.
- No Spousal Coverage: A Participant's spouse is ineligible for coverage under the Plan.

If you choose to elect coverage for your Dependent Child(ren), please fill out all of the information for each Dependent. **Please note that the current cost of coverage is \$433 per Dependent Child.** Payment for coverage must be received by the Fund Office within 30 days of when the Participant first becomes eligible for coverage under the Plan.

Dependent Child's Name	Relationship	DOB	Soc. Sec. No.	Sex	Employer/Other Insurance

Please sign below, verifying that the above statements are true to the best of your knowledge and belief. Your Signature will also authorize an institution or physician to release information concerning your enrollment, related records and medical records to the fund office, if needed.

Participant's Signature

Date of Signature