

Plumbers & Fitters Local No. 101 Health & Welfare Fund Extended Coverage for Eligible Dependent Children

As you are probably aware, the health care reform law known as Patient Protection Affordable Care Act (PPACA), among other things, requires that group health plans provide coverage for children of plan participants until age 26. In order to allow you to continue coverage under the Plumbers & Fitters Local No. 101 Health & Welfare Fund, please complete the following information and return to J. W. Terrill, 825 Maryville Centre Drive, Suite 200, Chesterfield, MO 63017.

Adult Child Information			
Last Name:	First Name:	Middle Initial:	Phone Number:
Social Security Number: xxx-xx-	Date of Birth:		
Home Address:	City:	State:	Zip Code:
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Spouse:		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please complete this information	Are you eligible for health insurance coverage through your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employer Name:	Employer Phone:	
	Employer Address:	City/State/Zip:	
	If you are employed, you MUST provide a letter, paycheck stub or other document from your current employer stating that either (a) health insurance is available to you through your own active employment or (b) health insurance is not available to you through your own active employment. This document must be on your employer's letterhead or show your employer's company logo.		
If you are married, is your spouse currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please complete this information	Are you eligible for health insurance coverage through your spouse's employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employer Name:	Employer Phone:	
	Employer Address:	City/State/Zip:	
	If your spouse is employed, you MUST provide a letter, paycheck stub or other document from your spouse's employer stating that either (a) health insurance is available to you through your spouse's active employment or (b) health insurance is not available to you through your spouse's active employment. This document must be on the letterhead of your spouse's employer or show the company logo of your spouse's employer.		
Are you eligible for coverage under any other employer-sponsored health plan besides a group health plan of either of your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the answer to the above questions is yes, identify the other insurance carrier: _____;			
Policy Number: _____; Name of Policyholder: _____.			

I certify that:

- I am eligible for coverage under the terms of the Plumbers & Fitters Local No. 101 Health & Welfare Fund.
- The information provided above is correct to the best of my knowledge, and I authorize the release of any information requested to the Plumbers & Fitters Local No. 101 Health & Welfare Fund.
- I will notify the Fund Office in the event that I become eligible for coverage under any other employer sponsored health insurance or self-insured plan.

I understand that the Plumbers & Fitters Local No. 101 Health & Welfare Fund will, from time to time, require updated certification, and that I must notify the Fund Office immediately of any change in my status as an Adult Child (i.e., eligibility for health coverage under any other medical insurance or self-insured plan, including that of an employer).

Signature of Adult Child: _____ Date: _____

Signature of Participant: _____ Date: _____