S.E.I.U. Local No. 1 Health Fund

DEPENDENT ENROLLMENT AND CERTIFICATION FORM

To enroll your spouse for coverage under the Plan, submit a completed form along with the required documentation (see below) to the Fund Office. You have 30 days from the date of your marriage to notify the Fund Office. Once notification is received benefits will be paid retroactively to the date of your marriage. If you do not notify the Fund Office, in writing, within 30 days of your marriage, your spouse's coverage will not begin until the first day of the month following the month in which you notify the Fund office.

To enroll your dependent child for coverage under the Plan, submit a completed form along with a copy of the birth certificate or adoption papers to the Fund Office. You must enroll your child for coverage before the Fund pays any benefits for that child.

With respect to an adoption, placement for adoption, or placement of a foster child, if you notify the Fund Office, in writing, within 30 days of your dependent becoming eligible, benefits will be paid retroactively to the date your dependent became eligible. If you do not notify the Fund Office, in writing, within 30 days, your dependents coverage will not begin until the first day of the month following the month in which you notify the Fund Office.

With respect to a newborn child, if you notify the Fund Office, in writing, within 60 days of the birth, benefits will be paid retroactively to the date of birth. If you do not notify the Fund Office in writing, within 60 days, your newborn child's coverage will not begin until the first day of the month following the month in which you notify the Fund Office.

What type of documents are required for enrollment?
Required documents for enrollment includes (but may not be limited to) the following:

- Government-issued identification
- With respect to a spouse, a marriage certificate **AND ONE** of the following documents
  - Page 1 and signature page of the employees most recent federal income tax return
  - A document dated within the past six months such as a mortgage statement, loan papers, lease agreement, automobile registration, or credit card or account statement in the name of both the member and spouse.
- With respect to a dependent child, a birth certificate, court order or certificate of adoption

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DEPENDENT ENROLLMENT AND CERTIFICATION FORM

Please complete and return this Dependent Enrollment and Certification Form to: Fund Administrator, S.E.I.U. Local No. 1 Health Fund, 1431 Opus Place, Suite 350, Downers Grove, Illinois 60515. You must provide copies of birth certificates for all dependent children, a marriage certificate for your spouse, plus one additional required document to verify dependent eligibility (see Definition of Eligible Dependents and Required Document Form) *Claims will not be paid until the Fund Office has a birth certificate on file.*

EMPLOYEE INFORMATION

Employee Name Last: MI: First:	Sex ☐ M ☐ F	Date of Birth / /	Social Security Number	Home Telephone ( )
Employee Home Address: Street/Apt. City State Zip				
Mailing Address if Different from Home Address: Street/Apt. City State Zip				

DEPENDENT INFORMATION

	List Full Name of Spouse and all your Dependent Children under the age of 26	Sex M / F	Date of Birth	Social Security Number	Disabled Y or N
Spouse			/ /	- -	
Dep*			/ /	- -	
Dep*			/ /	- -	
Dep*			/ /	- -	
Dep*			/ /	- -	
Dep*			/ /	- -	
Dep*			/ /	- -	

I **certify that** I **have read the Extension of Dependent Coverage to Age 26: Notice of Opportunity to Enroll.** I **further verify the above information is true to the best of my knowledge.**

Signature of Employee ____ Date:______/______/______

Coverage will terminate immediately for a participant and all covered family members if a participant uses this group health plan fraudulently or misrepresents or conceals a material fact in his/her application for coverage for himself/herself or any family member. If coverage is terminated for fraud, misrepresentation, or the concealment of a material fact, the Plan has the right to recover any and all claim payments, including by means of offset against future benefits, and retains the right to pursue any/all other legal rights, including the right to bring a civil action.