Enrollment Form

☐ Carpenters' Plan (Plan) ☐ Office Employee Plan (OE Plan)

St. Louis – Kansas City Carpenters Regional Health Plan
1419 Hampton Avenue, St. Louis, MO 63139
Phone: (314) 644-4802 | Toll-free: (877) 232-3863 | Fax: (314) 678-1110
Email: benefits@laborfunds.org | Website: laborfunds.org

Reset form

CARPENTERS BENEFIT PLANS HEALTH & RETIREMENT SERVICES

Dependents must be enrolled within 30 days of a qualifying event to avoid delayed coverage

A. Participant/Spouse Information – **Type or print clearly in ink** ***OE Plan ONLY:*** Employer Name _____

Participant Legal Last Name		Participant Legal First Name		Participant Legal Middle Name	
Date of Birth	Gender ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed		Participant Social Security Number	
Participant Home Address		City		State	Zip
Participant Cell Phone	Opt In to Important Texts Regarding Coverage? ☐ Yes ☐ No	Email Address			
If Married, complete this section	Spouse Legal Last Name, First Name, MI			Date of Marriage	
	Spouse Social Security Number	Spouse Date of Birth		Spouse Cell Phone	

B. Dependent Information – List all eligible dependents under the age of 26 with Legal name as appears on social security card. Additional dependents may be listed on a separate sheet.

Dependent Legal Name (Last, First, Middle Initial)	Date of Birth (MM/DD/YY)	Social Security Number	Gender	Relationship to Participant
			☐ M ☐ F	☐ Natural Child ☐ Adopted Child ☐ Step-Child
			List different address or N/A:	
			☐ M ☐ F	☐ Natural Child ☐ Adopted Child ☐ Step-Child
			List different address or N/A:	
			☐ M ☐ F	☐ Natural Child ☐ Adopted Child ☐ Step-Child
			List different address or N/A:	
			☐ M ☐ F	☐ Natural Child ☐ Adopted Child ☐ Step-Child
			List different address or N/A:	

C. Participant/Children Other Insurance – *Do not list spouse information here. See* ***Spousal Coverage Program Verification Form***. Other insurance information on Participant/Dependent children must be filled out below. Additional carriers may be listed on a separate sheet.

Other Insurance Company Name		Policy Holder's Name	Relationship to Dependent(s)
Policy Holder's Date of Birth	Dependents covered under plan: 1 _____ 2 _____ 3 _____ 4 _____		**If more than 4 dependents covered under this policy holder, please attach list to this page.**
Dependent's Effective Date – ***REQUIRED FOR PROMPT CLAIMS PAYMENT***		Coverage Includes: ☐ Medical ☐ Dental ☐ Vision ☐ Prescription	

D. Documentation Requirements for Spouse & Dependents – **See page 2 of Enrollment Form for required papers**

E. Declaration Statement – I hereby declare under penalty of perjury that the information on this form is correct and complete to the best of my knowledge. Upon request by the Plan, I agree to obtain and furnish a copy of any marriage license, divorce decree, support order, or other relevant documents. I understand that if any incorrect or misleading information on this form results in a loss to the Plan, the Plan is entitled to recover the amount of such a loss from me or by withholding from my future benefits.

SIGN HERE _____ **Participant Signature (REQUIRED)** _____ **Date**

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Required Documents for Dependents

Important Notes

1. **Participants must enroll their dependents within 30 days of a qualifying event (birth, adoption, marriage, etc.).** If the Enrollment Form is received within 30 days of the qualifying event, coverage will be made retroactive to that date. If the Enrollment Form is received more than 30 days from the qualifying event, coverage will begin on the date the Enrollment is received.

2. **All participants enrolled must be enrolled under their legal name and social security number as it appears on their Social Security card.** In order for you to avoid penalty from the IRS, Carpenters' Plan requires this information to report your Minimum Essential Coverage to the IRS annually. The IRS matches the information we submit with the information on your federal income tax return.

3. **Documentation Requirements**

Spouse	Page 1 of participant's most recent Redacted* Federal Income Tax Return listing the spouse **AND** signature page or Email Confirmation of filing. **AND** *Spousal Coverage Program Verification Form* **AND** Social Security number. *Redacted: Remove financial information before submitting, such as blacking out with a marker.
Biological Child up to Age 26	Birth certificate (issued by a state, county, or vital records office) listing participant as the parent **AND** child's Social Security number. Please include copy of Social Security card for verification. For newborn biological child enrollment, see next section.
Newborn Biological Child	Enrollment Form is required within 30 days of birth for coverage to begin. Birth certificate **AND** child's Social Security number are required within 90 days of birth for coverage to continue, otherwise, coverage will terminate.
Adopted Child	Certificate of adoption signed by a judge, order of adoption (intent to adopt) signed by a judge, **OR** birth certificate listing participant as the parent **AND** child's Social Security number.
Stepchild up to Age 26	Provide documentation to verify spouse (see **Spouse** section above) **AND** birth certificate of stepchild (issued by a state, county or vital records office) listing spouse as parent, applicable divorce decree **AND** child's Social Security number.

4. **Coordination of Benefits** – Forms referenced below may be found at ***laborfunds.org/health-and-welfare-plan-resources***

Spouse	If Spouse has access to employer-based coverage, the Plan takes a secondary role and Spouse is required to take employer-based coverage. More details on the Spousal Coverage Program can be found in the *Spousal Coverage Verification Form*.
Stepchild	Carpenters' Plan assumes a secondary position for coverage on Stepchildren. Stepchildren should have primary coverage under a natural parent. Refer to the *Other Insurance Questionnaire.*
Biological and Stepchild Age 19-26	Carpenters' Plan assumes a secondary position for coverage on children age 19-26 who have access to employer-based coverage through their/or their spouse's employer. Refer to the *Other Insurance Questionnaire*.

Please note: When sending copies of above documentation to the Plan, please include the participant's name and social security number on each document for proper identification. Enrollment will not be complete without all necessary paperwork submitted in its entirety.

For Assistance: If you have any questions regarding proper completion of the Enrollment form or accompanying documentation required, please contact Participant Services, Monday through Friday, 8 am to 4:30 pm.

Mail completed Enrollment Form with copies of all required documents to the address at the top of the Enrollment Form, Attn: Operational Services.

Resources to obtain legal documents:

- Birth Certificates & Marriage Licenses in Missouri: https://health.mo.gov/data/vitalrecords/applications.php
- Expedited Birth Certificates & Marriage Licenses: https://www.vitalchek.com/
- Birth Certificates & Marriage Licenses Outside of Missouri: http://www.cdc.gov/nchs/w2w.html