

# PIPE TRADES INDUSTRY HEALTH AND WELFARE PLAN

P.O. BOX 3040  
TERRE HAUTE, INDIANA 47803



## DEPENDENT FORM

OFFICE HOURS: 8:00 AM - 4:30 PM (M-F)  
PHONE: A/C 812-877-2581  
TOLL FREE: 1-800-837-5678  
FAX: A/C 812-877-4542

This statement needs to be completed when you become insured, and/or when there is a change in status: (i.e., marriage, divorce, legal separation, remarriage, death, adding a dependent, or a loss of dependent status).

PLEASE PRINT OR TYPE  MARRIED  SINGLE  DIVORCED  SEPARATED  WIDOWED

D.O.B. \_\_\_\_\_

MEMBER'S NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_ LOCAL UNION NO. \_\_\_\_\_

APPRENTICE  HELPER  JOURNEYMAN  PROBATIONARY APPRENTICE  TRAINEE

THIS REQUEST IS TO:  ADD DEPENDENTS  CORRECT EXISTING DEPENDENTS  DELETE DEPENDENTS

When you add or delete a dependent, complete all the appropriate information and submit the requested documents. **SEE DOCUMENTS NEEDED ON REVERSE SIDE OF THIS FORM FOR SPOUSE, CHILDREN, STEP-CHILDREN, ADOPTED CHILDREN, AND GUARDIANSHIPS. WE MUST HAVE EACH DEPENDENT'S SOCIAL SECURITY NUMBER IN ORDER TO COMPLY WITH THE HEALTH CARE FINANCING ADMINISTRATION REGULATIONS.**

### PLEASE ADD OR CORRECT THE FOLLOWING DEPENDENTS

Name	Relationship	Date of Birth	S.S. #

### PLEASE DELETE THE FOLLOWING DEPENDENTS

Name	Relationship	Reason and date dependent no longer qualifies

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

