## PUGET SOUND ELECTRICAL WORKERS TRUST FUNDS

PLEASE PRINT PLEASE PRINT ENROLLMENT FORM

other enrollment/beneficiar dependent children, it is necessif removing a spouse, you mureporting requirements, you be returned to you.	y form on the sary to provide a unust provide a unust provide leads to the work of the wor	file at the Adnide copies of doccopy of the divide you and you loyee		provide a cate(s), adol document y Number Iame Char	copy of you option decree ts may be re rs, if you do nge	or marriage e, legal guar quested by	certificate when ad dianship, and/or a par the Administration ( de all requested info	ding a spouse. renting plan if a Office. <b>Due to</b>	If adding applicable. ACA/IRS		
L	l Change B	eneficiary L	☐ Address Change ☐ ☐	Pelete Dep	endent(s)	(depende	nt name)				
Employee Social Security No. Name (Last, First, Middle Initial)					Birth Date (Mo/A			Sex			
Employee Social Securit	<i>j</i> 110.	Tune (East, 1 trist, France Timete)				Dirtin D	ace (mo/Bay/1ear)	□ M	□F		
Mailing Address (Street,		Phone Number			Email						
DEPENDENT NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER	SEX	BIRTHDATE (Mo/Day/Year)		RELATIONSI to SUBSCRIB	HIP Step Adop or	Check (X) if Step, Foster, Adopted Child or Legal Guardianship		
Spouse							Spouse				
Eligible Dependents (see	back for def	inition)									
If "yes," please provi	de the infor	mation below	vered by any other group me r. If Medicare, a copy of Me	dicare ID	card must	be on file	with the Administ	ration Office			
Name of Subscriber with Other Coverage					Soc. Security No. Policy or I.D. Number						
Name and Address	of other Ins	surance Comp	any			Cit	y S	tate Zip			
2. Insurance covers: □	Subscriber	☐ Spouse	☐ Children 3.	Other	coverage i	ncludes: [	☐ Medical ☐ De	ental 🗆 Vi	sion		
You may name anyone as your surviving spouse will your surviving spouse is a	your Bene I receive an Iso entitled	ficiary to rece by Retirement to any comm	must be received by the Adnive benefits from the Trust and/or 401(k) benefits payal unity property interest in the religible for benefits you may	Fund(s). ble (if app Health ar	However, in the state of the st	if you are n commur Benefits.	legally married as nity property states <b>Please note:</b> Not	of your date (Washington everyone pa	n, Idaho),		
HEALTH AND SECUL Beneficiary Name	RITY PLA	N – LIFE INS	SURANCE (all employees con	ıplete)							
(Last, First)  Popoficiony, Address							Relationship				
Beneficiary Address (Street, City, State, Zip)				Social Security No.							
RETIREMENT PLAN	– DEATH	BENEFIT (co	omplete only if applicable)								
Beneficiary Name (Last, First)					Relationship						
Beneficiary Address (Street, City, State, Zip)					Social Security No.						
401(k) SAVINGS PLA	N – DEATI	H BENEFIT (	complete only if applicable)								
Beneficiary Name (Last, First)			, , , , , , , , , , , , , , , , , , ,				Relationship				
Beneficiary Address (Street, City, State, Zip)						Social Security No.					
prior to the date shown be	low.		orrect and complete to the be						on signed		
Employee Signature (req	uired: must	ve signed by pa	rticipating employee in order f	or form to	be processe	a)	Date				

Return completed and signed white copy to the Administration Office via:

<u>Mail:</u> PO Box 34203, Seattle, WA 98124, <u>Fax:</u> (206) 505-9727 or <u>Email: enrollment@wpas-inc.com</u>

Retain yellow copy for your records.

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## **NOTICE**

Please be advised that this form MUST be signed by the participating Employee and received by the Administration office prior to death for beneficiary designations to be valid.

## **DEFINITION OF DEPENDENT ELIGIBILITY**

You enroll eligible dependents to participate in the Plan of benefits at the same time you enroll. Eligible dependents include:

- Your lawfully married spouse.
- Your children are your natural children, stepchildren, adopted children, children placed with you for adoption, foster children and other children for whom you have legal guardianship up to age 26 (regardless of whether the child is married, a full-time student, resides with the employee or retiree, or is financially dependent on the employee or retiree). (Dependent life insurance for children ends at age 21.) Coverage is also extended up to age 26 for unmarried children who depend on the employee or retiree by virtue of a court order or for whom the employee or retiree has legal custody.
- Under the Omnibus Budget Reconciliation Act of 1993, the Plan recognizes Qualified Medical Child Support Orders ("QMCSO") and enrolls dependent children as directed by the order. A QMCSO is any judgment, decree or order (including a domestic relations settlement agreement) issued by a court or by an administrative agency under applicable state law which:
  - o Provides child support or health benefit coverage to a dependent child, or
  - Enforces a state law relating to medical child support pursuant to Section 1908 of the Social Security Act, which provides in part that if the employee does not enroll the dependent child, then the non-employee parent or State agency may enroll the child.
- Your children age 26 and over, but only if all the following conditions are satisfied:
  - a) The child was covered under the Plan as your dependent child immediately before attaining age 26.
  - b) The child is unmarried.
  - c) The child is incapable of earning a living due to mental or physical incapacity that began before the child attained age 26.
  - d) You submit proof of the child's incapacity to the Administration Office within 90 days after the child attains age 26, and
  - e) You provide the Trust periodic updates of the child's incapacity and marital status as required by the Trust.