

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST

1470 Worldwide Place

Vandalia, Ohio 45377

(800) 331-4277 Fax (937) 454-5457

STATEMENT OF ADULT CHILD'S ELIGIBILITY UP TO AGE 26

2017

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Primary Participant's Name (Please Print)

Social Security Number

Telephone Number

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Address

City

State

Zip Code

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Adult Child's Name

Social Security Number

Telephone Number

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Adult Child's Birthdate

Adult Child's Relationship to Primary Card Holder

Is Adult Child covered under ANY medical, dental, or vision insurance plan? Yes No

If Adult Child is covered under any medical, dental, or vision insurance plan, please provide the name of the Policyholder, Insurance Carrier, Telephone Number, Policy and Group Number, and a copy of all insurance card(s) front and back.

Name of Policyholder	Insurance Company	Telephone Number	Policy ID Number	Group Number

I certify that:

- The Adult Child listed above is eligible for coverage under the terms of the Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust (the "Benefit Trust"); and
- I will notify the Benefit Trust in the event that the Adult Child becomes eligible for coverage under any other employer sponsored health insurance for coordination of benefit purposes; and
- I have reviewed the information provided on this form and it is correct to the best of my knowledge; and
- The Benefit Trust has my permission to investigate all claims made on this form as necessary; and
- I understand that I will be held financially responsible for any misrepresentation of information provided on this form.

I understand that the Benefit Trust will, from time-to-time, require updated certification and that I must notify the Benefit Trust office immediately of any change in status.

Primary Card Holder's Signature

Date

Adult Child's Signature

Date

***WARNING** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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Vandalia, Ohio 45377
(800) 331-4277 Fax (937) 454-5457**

**Mailing address:
PO Box 398
Dayton, Ohio 45401-0398**

**NOTICE REGARDING EXTENDED ELIGIBILITY FOR ADULT CHILDREN
UP TO AGE 26**

From: Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust

Date: October 11, 2016

Pursuant to the Patient Protection and Affordable Care Act of 2010 (the “PPACA”), individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Iron Workers District Council of Southern Ohio and Vicinity Benefit Trust.

Effective January 1, 2014, individuals who elected other employer-sponsored coverage (other than that of either parent) are still eligible for secondary coverage with this Plan. Regulations provide that a group health plan or insurer may not deny or restrict coverage based on factors such as: financial dependency, residency, student status, employment, or marital status.

If you believe that you or your dependent is eligible to enroll in the Plan as a result of the PPACA, you must complete the enclosed Statement of Adult Child’s Eligibility form. **Return the enclosed form(s) no later than November 1, 2016, to avoid loss of coverage for the adult child(ren).** Please note that this is not a guarantee of coverage; continued eligibility is based on meeting all Plan rules and eligibility guidelines.

For more information, please contact the Iron Workers District Council of Southern Ohio & Vicinity at (800) 331-4277.