

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST

1470 Worldwide Place • Vandalia, Ohio 45377
Phone (937) 454-1744 • Fax (937) 454-5457
Address Mail:
PO Box 398 • Dayton, Ohio 45401-0398
Toll Free: (800) 331-4277

DEPENDENT ELIGIBILITY FOR CHILDREN UP TO AGE 19

NATURAL CHILD – If you are requesting coverage for your Natural Child, please complete Section A:

SECTION A.

I DO HEREBY STATE THAT I AM THE NATURAL PARENT OF: _____
(DEPENDENT CHILD'S NAME)

I WAS PREVIOUSLY MARRIED TO: _____
(DEPENDENT CHILD'S OTHER PARENT AND HIS/HER DATE OF BIRTH)

ATTACH A COPY OF THE DIVORCE DECREE

I WAS NEVER PREVIOUSLY MARRIED TO: _____
(DEPENDENT CHILD'S OTHER PARENT AND HIS/HER DATE OF BIRTH)

TO THE BEST OF MY KNOWLEDGE MY DEPENDENT CHILD:

DOES **NOT** HAVE ANY OTHER MEDICAL, DENTAL, AND/OR VISION INSURANCE OTHER THAN THAT OF THE IRON WORKERS BENEFIT TRUST.

DOES HAVE ANOTHER MEDICAL, DENTAL, AND/OR VISION INSURANCE PLAN BESIDES THAT OF IRON WORKERS BENEFIT TRUST.

STEP-CHILD – If you are requesting coverage for your Step-Child, please complete Section B:

SECTION B.

I DO HEREBY STATE THAT MY SPOUSE, THE NATURAL PARENT OF: _____
(DEPENDENT STEP-CHILD'S NAME)

WAS PREVIOUSLY MARRIED TO: _____
(DEPENDENT CHILD'S OTHER PARENT AND HIS/HER DATE OF BIRTH)

ATTACH A COPY OF THE DIVORCE DECREE

WAS NEVER PREVIOUSLY MARRIED TO: _____
(DEPENDENT CHILD'S OTHER PARENT AND HIS/HER DATE OF BIRTH)

TO THE BEST OF MY KNOWLEDGE MY DEPENDENT STEP-CHILD:

DOES **NOT** HAVE ANY OTHER MEDICAL, DENTAL, AND/OR VISION INSURANCE OTHER THAN THAT OF THE IRON WORKERS BENEFIT TRUST.

DOES HAVE ANOTHER MEDICAL, DENTAL, AND/OR VISION INSURANCE PLAN BESIDES THAT OF IRON WORKERS BENEFIT TRUST.

CUSTODIAL PARENT'S INFORMATION:

SECTION C.

Custodial Parent's Name: _____

Custodial Parent's Mailing Address: _____

Custodial Parent's Telephone: _____

Custodial Parent's Date of Birth: _____

Custodial Parent's Last Four S.S. #: _____

I AM REQUESTING THAT THIS CHILD BE PLACED AS A DEPENDENT ON MY INSURANCE POLICY.

IRON WORKER'S PRINTED NAME

SOCIAL SECURITY NUMBER

IRON WORKER'S SIGNATURE

DATE

NOTARY SIGNATURE AND AFFIX SEAL

DATE

NOTARY PRINTED NAME: _____

NOTARY PUBLIC, STATE OF _____, COUNTY OF _____

MY COMMISSION EXPIRES _____, 20____.

*****THIS DOCUMENT MUST BE NOTARIZED*****

THIS DEPENDENT(S) COVERAGE IS PENDING THE RETURN OF THIS DOCUMENT.