

Iron Workers District Council of Southern Ohio and Vicinity Benefit Trust

NEWBORN ELECTION FORM

Fax or Mail Claim Form to: Iron Workers Benefit Trust
PO Box 398 — Dayton, OH 45401-0398
Fax: 937-454-5457 (Be sure to send fax printed side up)

Please complete this form to add your newborn child for the first thirty (30) days. An enrollment card, state issued birth certificate and Social Security number will be required to continue coverage after the first 30 days.

Participant Name (Print)

Social Security No./Health ID No.

Date of Birth

Address

City, State, Zip

Phone No.

Infant's Name: _____

Infant's Gender: _____

Infant's Date of Birth: _____

Mother's Name: _____

Father's Name: _____

I understand this form provides only temporary coverage for my newborn child for the first 30 days from date of birth. If I fail to provide the required information to add my child to the policy, I understand that coverage for the newborn will terminate after 30 days.

Iron Worker's Signature:

Date: