

**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**

**2018**

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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	Effective Date

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.