# IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST

**1470 Worldwide Place • Vandalia, Ohio 45377**
**Phone (937) 454-1744 • Fax (937) 454-5457**
**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.**