



Los Angeles Machinist Benefit Trust

3313 Vincent Rd., Suite 216 • Pleasant Hill, CA 94523 • Phone (800) 499-8121 • Fax (925) 405-0659

SPECIAL ENROLLMENT FORM FOR CHILDREN AGES 19 THROUGH 25

Participant Name:		Date of Birth:	Social Security Number:
Street or Mailing Address:			Local Union:
City:	State:	ZIP Code	Telephone Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)		

LIST ELIGIBLE CHILDREN AGES 19 THROUGH 25

If the listed child(ren) have not previously been enrolled, submit a copy of the child's birth certificate and Social Security card.

Dependent's Last Name, First Name, MI	FULL Social Security Number	Previously Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Relationship
Address, if different from the Participant's:					
Is the dependent employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, is group health coverage available for this person through their employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dependent's Last Name, First Name, MI	FULL Social Security Number	Previously Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Relationship
Address, if different from the Participant's:					
Is the dependent employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, is group health coverage available for this person through their employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify that the above listed children meet the rules of eligible dependents, as described in the Plan, and I have included any necessary documentation.

I acknowledge that it is my responsibility to notify the Plan of any changes in dependent status, such as if my child age 19 through 25 becomes eligible for employment-based health coverage.

Signature

Date