

Carpenters Health and Security Plan
of Western Washington
PO Box 1929 Seattle, WA 98111-1929

Child Enrollee Questionnaire

Participant's name (please print): _____
Participant's member number: _____
Child's name: _____

To avoid a delay in enrolling your dependent, please be sure the certification stamp appears on the Birth Certificate and/or the Marriage Certificate.

This child is my (please check one).

Natural child from current marriage.

Please provide a copy of the front and back of the certified Birth Certificate issued from the Department of Vital Statistics.

Natural child from previous marriage.

Please provide a copy of the front and back of the certified Birth Certificate issued from the Department of Vital Statistics.

Yes No Does a Parenting Plan exist for the child? If yes, please provide a complete copy filed in court and signed by a judge.

Yes No Does an Order of Child Support exist for this child? If yes, please provide a complete copy filed in court and signed by a judge.

Stepchild who lives with you.

Please provide a copy of the certified Marriage Certificate (front and back).

Please provide a copy of the front and back of the certified Birth Certificate issued from the Department of Vital Statistics.

Yes No Does a Parenting Plan exist for this child? If yes, please provide a complete copy filed in court and signed by a judge.

Yes No Does an Order of Child Support exist for this child? If yes, please provide a complete copy filed in court and signed by a judge.

Adopted Child.

Please provide a copy of the court order specifying your legal custody and/or a copy of the certified adoption papers filed in court and signed by a judge.

Legally Placed Child.

Please provide a copy of the court order specifying you have legal custody filed in court and signed by a judge.

____ Natural child born out of wedlock:

Does a child support order exist for this child? __ Yes __ No. Does a Parenting Plan exist for this child? __ Yes __ No If yes, please provide a complete copy filed in court and signed by a judge.

Male participant with paternal acknowledgement:

Please provide a copy of the front and back of the certified Birth Certificate issued from the Department of Vital Statistics. If you need to establish eligibility from the time of birth, you should also provide a copy of the paternity affidavit.

Male participant without paternal acknowledgement:

If you do not have the legal documents listed above, you must provide a decree or judgment issued by a court with jurisdiction finding that you are, as a matter of law, the natural father of the child.

Female participant:

Please provide a copy of the front and back of the certified Birth Certificate issued from the Department of Vital Statistics.

2. Who does this child live with? __ Father __ Mother __ Both __ Other, Please explain:

3. Do both parent's combined provide over one-half of the child's support (basic living expenses such as food, shelter, etc.) for the current calendar year? __ Yes __ No.

4. Is this child covered under any other health care plan? __ Yes __ No. If yes, please provide the name and telephone number of the health care plan and the name, social security number and identification number of the insured. Please include a copy of the insurance card(s):

What type of coverage is provided? ____ Medical ____ Dental ____ Vision ____ RX

An individual who knowingly presents a false or fraudulent claim for payment or knowingly misrepresents facts relating to eligibility for benefits will be subject to liability for reimbursement of the claim, for audit fees, attorney fees, and costs incurred by the plan on account of such misrepresentation, as well as potential criminal liability.

I hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge.

Participant's signature

Date