

Enrollment Form

To properly enroll in the fringe benefits administered by Carpenters Trusts of Western Washington, you must complete this form in its entirety and return it to the Trust Office. Additional instructions are on the reverse side of this form. We cannot process your benefits – including health care claims and vacation contributions – without your completed form on file at the Trust Office. Please mail this form to: Carpenters Trusts of Western Washington, PO Box 1929, Seattle, WA 98111-1929.

(800) 552-0635

www.ctww.org

Section 1 – Carpenters Health and Security Plan of Western Washington (Carpenter)

	Last Name	First Name	MI	Social Security Number	Date of Birth
Carpenter's Name					
Street Address				Telephone Number ()	
City, State, Zip				Local Union Number	
Check all that apply	Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> (Date Married _____)		Widowed <input type="checkbox"/>	
	Legally Separated <input type="checkbox"/> (Date Separated _____)		Divorced <input type="checkbox"/> (Date Divorced _____)		

Section 2 – Carpenters Health and Security Plan of Western Washington (Spouse and Dependent Children)

List the eligible dependents who should be covered under this plan. A legal spouse and dependent children as described on the reverse side of this form are eligible. If necessary, additional space is available on the reverse side of this form.

Last Name	First Name	MI	Sex (M-F)	Date of Birth	Relationship	Social Security Number

Section 3 – Carpenters Health and Security Plan of Western Washington (Beneficiary)

List the name of the person who should receive your life insurance benefit and your vacation plan balance. Subject to the applicable community property laws, your life insurance beneficiary can be anyone except an employer.

Last Name	First Name	MI	Date of Birth	Relationship	Social Security Number

Section 4 – Carpenters Retirement Plan of Western Washington (Beneficiary)

This is one of two pension plans provided as part of most fringe benefit packages. List the name of the person (the beneficiary) who should receive your vested benefits if you die before you retire under this plan. If you are married, you must list your spouse.

Last Name	First Name	MI	Date of Birth	Relationship	Social Security Number

Section 5 – Carpenters of Western Washington Individual Account Pension Plan (Beneficiary)

This is one of two pension plans provided as part of most fringe benefit packages. List the name of the person (the beneficiary) who should receive your vested benefits if you die before you retire under this plan. If you are married, you must list your spouse.

Last Name	First Name	MI	Date of Birth	Relationship	Social Security Number

Carpenter's Signature

Date

Section 1 – Carpenters Health and Security Plan (Carpenter). List all information requested in this section.

Section 2 – Carpenters Health and Security Plan (Spouse and Dependent Children). List each eligible dependent who should be covered under this plan. Include all the information requested in this section including legal last names, even if they are the same as yours. The following family members qualify as eligible dependents:

- Your legal spouse. If your spouse has a different last name or if this is a different spouse from your last enrollment, include a copy of your certified marriage certificate.
- Your unmarried children who are under age 19 and dependent on you for support and maintenance and qualify as an exemption on your federal income tax return. The following children qualify as eligible dependents:
 - Natural children. For a natural child from a previous marriage, include a complete copy of the appropriate divorce decree, parenting plan, child support order, and a *Child Enrollee Questionnaire*.
 - Stepchildren who live with you. Include a complete copy of the appropriate divorce decree, parenting plan, child support order, a *Child Enrollee Questionnaire*, and a copy of the certified marriage certificate.
 - Legally adopted children. Include a copy of the certified adoption papers, the revised birth certificate (front and back), and a *Child Enrollee Questionnaire*.
 - A child “placed” with you for adoption before the adoption is finalized. Include a copy of the court order specifying that you have legal custody and a *Child Enrollee Questionnaire*.
 - Legally placed children meaning any child dependent by virtue of a court order specifying that you have legal custody. Include a copy of the court order specifying you have legal custody and a *Child Enrollee Questionnaire*.
 - For natural children born out of wedlock, paternity must be established. Include the certified birth certificate (front and back).
 - A noncustodial child you are required to cover by virtue of a court or administrative agency’s issuance of a Qualified Medical Child Support Order or QMCSO.
 - Unmarried children ages 19 through 23 if they are full-time students (as determined by the school) attending an accredited college, university, technical trade, or mechanical school provided the student primarily depends on you for support and maintenance. Proof of registration is required.
 - Unmarried children over the age of 19 incapable of self-sustaining employment because of a developmental disability or physical handicap provided the child primarily depends on you for support and maintenance, is entitled to a Social Security benefit on the date his or her eligibility for benefits under this plan would otherwise end, and is covered under this plan immediately prior to attainment of the limiting ages above (age 19 or 24 if a full-time student).

A *Child Enrollee Questionnaire* is available from the Trust Office or www.ctww.org.

Last Name	First Name	MI	Sex (M-F)	Date of Birth	Relationship	Social Security Number

Section 3 – Carpenters Health and Security Plan (Beneficiary). List the name of the person who should receive your life insurance benefit. Subject to the applicable community property laws, your life insurance beneficiary can be anyone except an employer. If your beneficiary does not survive you, or if you do not name a beneficiary, proceeds are paid to the first survivor in the following order: (1) spouse; (2) children, in equal shares; (3) parents, in equal shares; (4) brothers and sisters, in equal shares; (5) executors or administrators.

Section 4 – Carpenters Retirement Plan (Beneficiary). List the name of the person (the beneficiary) who should receive your vested benefits if you die before you retire under this plan. If you are married, your spouse is the beneficiary of your preretirement death benefit under the Carpenters Retirement Plan, even if you designate a nonspouse beneficiary. If you are not married, you may designate any person (or persons) as your beneficiary. However, if you have a minor child or children and they qualify for the Primary Spouse’s Benefit, your minor child or children will be the beneficiary of your preretirement death benefit, even if you designate a nonchild beneficiary. A minor child is a child under age 18, or under age 21 if a full-time student. If there is no valid beneficiary designation on file, but you are survived by a lawful spouse or by any children, whether natural, adopted, or stepchildren, then the Trustees, in their discretion, may deem the surviving spouse or children as the beneficiaries.

Section 5 – Carpenters Individual Account Pension Plan (Beneficiary). List the name of the person (the beneficiary) who should receive your vested benefits if you die before you retire under this plan. If you are married, your spouse is automatically the beneficiary of your preretirement death benefits under the Carpenters Individual Account Pension Plan, even if you designate a nonspouse beneficiary. If you are not married, you may designate any person or persons. If there is no valid beneficiary designation on file, but you are survived by a lawful spouse or by any children, whether natural, adopted, or stepchildren, then the Trustees, in their discretion, may deem the surviving spouse or children as the beneficiaries. If there is no surviving spouse or child, then the Trustees will pay the benefit to the personal representative of your estate, or may, in their discretion, pay your burial expenses with all or a portion of the benefits.

Important. If you designate a person in Sections 3-5 who is, or subsequently becomes, your spouse, the beneficiary designation is automatically revoked if the marriage is subsequently dissolved or invalidated, unless you redesignate your former spouse following the dissolution or invalidation of marriage, or except as provided in a Qualified Domestic Relations Order. If you were previously married and change your retirement beneficiary, you must include a copy of your divorce decree.