

Enrollment Form

To properly enroll in the Carpenters Health and Security Plan 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 claims without your completed form and the appropriate documents on file at the Trust Office. Please return this form in the envelope provided with this form. If you do not have a return envelope, please mail this form to:

Carpenters Trusts of Western Washington
 PO Box 1929
 Seattle, WA 98111-1929

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

	Last Name	First Name	MI	Social Security Number	Date of Birth
Participant's Name					
Mailing Address				Telephone ()	
City, State, Zip				Home 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 (Dependents)

List all eligible dependents who should be covered under this plan. A legal spouse, domestic partner and dependent children as described on the reverse side of this form are eligible.

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. 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 – Signature

Participant's Signature

Date

Instructions

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

Section 2 – Carpenters Health and Security Plan (Dependents). List all eligible dependents who should be covered under this plan. You must 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 lawful spouse, unless legally separated. A lawful spouse means only a legal union between one man and one woman, as husband and wife. Please include a copy of the certified marriage certificate.
- A domestic partner as defined by the Carpenters Health and Security Plan. A domestic partner is subject to satisfaction of certain enrollment and tax prepayment requirements, including an *Affidavit of Domestic Partnership* and, if applicable, a *Domestic Partner Coverage – Affidavit of Dependent Status*. Please contact Participant Services at the Trust Office for the appropriate documents.
- Unmarried children who are under age 19 (or ages 19 through 23 and full-time students) and who have the same principal place of residence as you and have not provided over one-half of their own support for the calendar year.
A child who reaches age 19 (or age 24 if a full-time student) has attained the “limiting age.” Benefits are continued beyond the limiting age for unmarried children who are permanently and totally disabled, provided the child continues to have the same principal place of residence as you, and does not provide over one-half of his or her own support for the calendar year.
If the parents are divorced, legally separated or live apart and you are not the custodial parent, then a child is considered to have the same principal place of residence if the child receives over one-half of his or her support during the year from both parents combined, and the child is in the custody of one or both parents for more than one-half of the year.
- Unmarried children under age 24 who are full-time students, and for whom you provide over one-half of the child’s support for the calendar year (exclusive of any educational scholarships).
- A noncustodial child who is under age 19 (or ages 19 through 23 and full-time students) who you are required to cover by virtue of a court or administrative agency’s issuance of a Qualified Medical Child Support Order (QMCSO). If a Medical Child Support Order requires you to cover a noncustodial child, the child’s other parent, legal guardian or a state Medicaid agency may also have the right to enroll that child as your dependent. The Medical Child Support Order must show the name and last known address for the parent and child, give a reasonable description of the coverage to be provided by the plan, state the period for which the order applies and specifically state that the child must be covered under this plan. The plan has procedures for determining whether a Medical Child Support Order is “qualified” within the meaning of the plan. A copy of these procedures can be obtained, without charge, from the Trust Office. The request for enrollment must be received within 60 days of the date of the order for a child covered under a Medical Child Support Order. Coverage for an otherwise eligible child that is required under the order will become effective on the date of the order if all the eligibility requirements are met.

To enroll some of the dependents listed above, additional documentation is required. The Trust Office will contact you following receipt of the Enrollment Form if additional documentation is required. Whenever documented proof of dependency or any other documentation is requested by the Trust Office, it must be received within 60 days of the request or eligibility and the dependent’s right to enroll will be denied.

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. If you designate a person in Section 3 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. This rule also applies following the end of a domestic partnership. If you were previously married and change your retirement beneficiary, you must include a copy of your divorce decree.

Carpenters Trusts of Western Washington

PO Box 1929

Seattle, WA 98111-1929

(206) 441-6514 Seattle Area

(800) 552-0635 Nationwide

www.ctww.org