

Carpenters Health and Security Plan of Western Washington

Enrollment Application

Complete this application in its entirety and return it to Carpenters Trusts of Western Washington with the documents required to enroll your dependents. The required documents are listed on the back side of this application. We cannot complete your and your family's enrollment, activate your eligibility, issue medical, prescription or dental cards, or release vacation funds to Qualstar Credit Union without your signed application and the required documents on file at Carpenters Trusts.

Section 1 – Participant Information

Please provide your legal name as it appears on your Social Security card or on your U.S. Individual Income Tax Return.

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

Section 2 – Spouse and Eligible Children

List the dependents you want to enroll. Please provide the dependent's legal name as it appears on his or her Social Security card or on your U.S. Individual Income Tax Return. Please remember to provide the documents required to enroll your dependents.

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

Section 3 – Life Insurance Beneficiary

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

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

Section 4 – Participant's Signature

It is a crime to knowingly provide false, incomplete, or misleading information to an insurer for the purpose of defrauding the insurer. Penalties include denial of insurance benefits, fines and imprisonment.

Participant's Signature

Date

Enrollment Application Instructions

Section 1 – Participant Information. Please provide all the information requested in this section. You must use your legal name as it appears on your Social Security card or as it appears on your U.S. Individual Income Tax Return.

Section 2 – Eligible Dependents. You must include all the information requested in this section including legal names, even if they are the same as yours. The following family members qualify as eligible dependents:

- Your lawful spouse, unless legally separated. You **must** include a copy of your marriage certificate.
- Your children through age 25 including: (1) natural children and legally adopted children; (2) children placed with you (the participant) for adoption before the adoption is finalized; and (3) stepchildren. You **must** include a copy of each child's birth certificate. For children placed with you for adoption before the adoption is finalized, you **must** include a certified copy of the placement report and petition for adoption that were filed with the court, or other documents confirming that the child was legally placed for adoption.
- Your unmarried legally placed children through age 25 if the child was placed with you (the participant) before age 18 by an authorized placement agency, or by judgment, decree, or other court order specifying you have legal custody. The child must: (1) have the same principal place of residence as you; and (2) not provide more than one half of his or her support. The residency requirement is waived for children who are away from home attending school. You **must** include a copy of the most recent placement order.

If additional documentation is required to complete the enrollment process for you or your dependent(s), you will be contacted in writing with an explanation of what is needed. Medical, prescriptions, dental, and vision claims cannot be processed until the enrollment process is complete.

Section 3 – Life Insurance Beneficiary. List 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 and yourself. 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 – Participant's Signature. Please sign and date this application. Carpenters Trusts cannot process your application without your (the participant's) signature.

Carpenters Trusts of Western Washington

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