

# SPECIAL ENROLLMENT OR RE-ENROLLMENT FORM

Please Print & Use Black or Blue Ink Only

For Child  
Age 19-25



SOUTHERN CALIFORNIA PIPE TRADES  
HEALTH & WELFARE FUND

501 Shatto Place, 5th Fl, Los Angeles, CA 90020  
(800) 595-7473 (213) 385-6161  
Fax: (213) 385-2767 www.scptac.org

## PART 1 Plan Participant's Information

### PARTICIPANT

NAME	<i>First, Middle, Last</i>		
SOCIAL SECURITY NUMBER			
DATE OF BIRTH	<i>mm/dd/yy</i>	/	/
ADDRESS	<i>Street, City, State, Zip</i>		
PHONE	( )	-	
LOCAL UNION NUMBER	#		

## PART 2 Enrollment or Re-enrollment of Child Age 19-25

### CHILD

NAME	<i>First, Middle, Last</i>		
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	<i>mm/dd/yy</i>	/	/
ADDRESS	<i>Street, City, State, Zip</i>		
PHONE	( )	-	

An official Birth Certificate (with original seal or stamp) is required to enroll a child. "Souvenir" certificates are NOT acceptable. If the child was previously enrolled in the Plan, and an acceptable birth certificate was previously provided, evidence of this may already be on file with the Trust Fund Office. If you do not provide an acceptable birth certificate with this form, and one is not on file, you will be contacted at the address or phone number you list above.

## PART 3 Authorization

\* I/We certify under penalty of perjury under the laws of the State of California that the child named above meets all the requirements for eligibility under the Plan, and that the child is not eligible to enroll in an employer-sponsored health plan (other than a group health plan of a parent), such as a plan based on the child's employment or the employment of his/her spouse. I/We understand that the Fund will pay no benefits for a child age 19-25 if such child has available group health coverage through his/her employment, or his/her spouse's employment, whether or not the child is actually enrolled for such coverage.

PARTICIPANT'S SIGNATURE	DATE	CHILD'S SIGNATURE	DATE
X		X	

This form must be submitted within 90 days of the date the child turns age 19. If the form is not received within 90 days of the child's 19th birthday, coverage will begin on the date the form is received by the Fund Office.