



SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND

501 Shatto Place, Suite 500, Los Angeles, CA 90020 / (800) 595-7473 (213) 386-6161 / Fax (213) 487-3840 / Email info@scptac.org / www.scptac.org

DISENROLLMENT FORM

Part 1 Participant Information

| | | | | | |
|------------------|---|--|--------------------|---|----------|
| PARTICIPANT NAME | First Name | | Middle Initial | Last Name | |
| | Blue Shield of California IPE T50 | | OR | Social Security Number XXX-XX-XXXX (Only last four digits required) | |
| PARTICIPANT ID | mm/dd/yyyy | | LOCAL UNION NUMBER | | |
| DATE OF BIRTH | Street | | City | State | ZIP Code |
| ADDRESS | () - | | EMAIL | | |
| PHONE NUMBER | | | | | |

Part 2 Dependent Information

| | | | | | |
|------------------------|-------------|--|----------------|----------------|--|
| DEPENDENT NAME | First Name | | Middle Initial | Last Name | |
| | XXX-XX-XXXX | | DATE OF BIRTH | mm/dd/yyyy / / | |
| SOCIAL SECURITY NUMBER | | | | | |

Part 3 Action Requested

DISENROLL SPOUSE
 DISENROLL DOMESTIC PARTNER
 DISENROLL CHILD 18 AND OVER
 DISENROLL CHILD UNDER 18

Part 4 Authorization

I understand that a Disenrollment Form received by the 15th of the month will be effective the first day of the following month. I also understand that, once disenrolled, the dependent listed above cannot be covered under the Southern California Pipe Trades Health & Welfare Plan unless and until I re-enroll them by submitting a new Enrollment Form. Any dependents enrolled in this way will be re-enrolled prospectively beginning on the day the Fund Office receives the new Enrollment Form.

I also understand that:

- A dependent added by a Court or Government Agency may not be disenrolled while the order is still in effect.
- If disenrolling a Spouse, Domestic Partner or Child age 18 and over, the signature of dependent is also required.
- If disenrolling a Child under age 18, the signatures of both parents are required.

| | | | |
|-----------------------|------|----------------------------|------|
| PARTICIPANT SIGNATURE | DATE | DEPENDENT/PARENT SIGNATURE | DATE |
| Required | | Required | |
| X | | X | |