CARPENTERS HEALTH AND WELFARE TRUST FUND FOR CALIFORNIA
PO Box 2280, Oakland, California, 94621
Telephone (510) 633-0333 or (888) 547-2054
Fax (510) 633-0215 - Email benefitservices@carpenterfunds.com
www.carpenterfunds.com

ADULT CHILD SPECIAL ENROLLMENT FORM

Special Enrollment Deadline: For a currently ineligible child to enroll, you **MUST** provide **ALL** requested data below, sign and date this form and return it to the Fund Office. **Forms must be received no later than July 31, 2011**. **Special Enrollment will be closed on July 31, 2011,** and if you wish to add your adult child at a later date, he or she will be included as one of your dependents the first day of the month following the date the application is received.

SECTION I: PARTICIPANT INFORMATION

Name (Last) (First) (MI)		Social Security No.	UBC#
Address	City	State	Zip Code
Email Address		Phone Number	

SECTION II: ADULT CHILD INFORMATION (Attach an additional sheet, if necessary)

Dependent 1 - Name (Last, First, MI):		Birthdate:
Social Security Number:	Relationship to Participant:	Sex: ☐ M ☐ F
Address, if different from above:		
Is Dependent offered other employer sponsored coverage through his/her own employer, domestic partner's employer or, if your dependent is married, through his/her spouse's employer?		☐ No ☐ Yes
Is Dependent enrolled in coverage through his/her employer, spouse's, or domestic partner's employer?		☐ No ☐ Yes
Is Dependent Medicare Eligible?*:		☐ No ☐ Yes

Dependent 2 - Name (Last, First, MI):		Birthdate:
Social Security Number:	Relationship to Participant:	Sex: ☐ M ☐ F
Address, if different from above:		
Is Dependent offered other employer sponsored coverage through his/her own employer, domestic partner's employer or, if your dependent is married, through his/her spouse's employer?		☐ No ☐ Yes
Is Dependent enrolled in coverage through his/her employer, spouse's, or domestic partner's employer?		☐ No ☐ Yes
Is Dependent Medicare Eligible?*:		☐ No ☐ Yes

Dependent 3 - Name (Last, First, MI):		Birthdate:
Social Security Number:	Relationship to Participant:	Sex: ☐ M ☐ F
Address, if different from above:		
Is Dependent offered other employer sponsored coverage through his/her own employer, domestic partner's employer or, if your dependent is married, through his/her spouse's employer?		☐ No ☐ Yes
Is Dependent enrolled in coverage through his/her employer, spouse's, or domestic partner's employer?		☐ No ☐ Yes
Is Dependent Medicare Eligible?*:		☐ No ☐ Yes

***If your dependent is enrolled in Medicare you MUST submit a photocopy of your dependent's Medicare card.**

SECTION III: PARTICIPANT'S SIGNATURE

<u>Kaiser Permanente Arbitration Agreement:</u> I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, if my group must comply with ERISA, certain benefit-related disputes) any disputes between myself, my heirs or other associated parties on the one hand and health plan, its health care providers, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in health plan, including any claim for medical or hospital malpractice, for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

I hereby certify under penalty of perjury under the laws of the State of California, that the information given in this form is true, correct, and complete to the best of my knowledge.

Plan Participant's Signature	Date

Carefully complete this enrollment form with the required information as neatly and clearly as possible. This information is an important part of your official record with the Trust Fund Office. Review the information below for an explanation of documentation required to add your dependents.

WHEN ADDING DEPENDENT CHILDREN

The Fund has the right to request proof of relationship in the form of a birth certificate to verify the information given and to determine the eligibility of a dependent for enrollment.

Eligible dependent children are:

Participant's children under age 26, provided the child is not offered coverage through their own employer or through the employer of their spouse or domestic partner. This includes legally adopted children and stepchildren. Children for whom the Participant has been appointed legal guardian and children of domestic partners are not included in the extension of coverage to age 26. **[CERTIFICATION REQUIRED WHEN ENROLLING A DEPENDENT CHILD FOR THE FIRST TIME: Birth Certificate, Adoption papers, Legal Guardianship papers]**

Participant's children over 19 but under age 23, who are employed by an employer who offers coverage but the child is financially dependent upon the Participant and they are attending an educational or training institution as a full-time student. **[CERTIFICATION REQUIRED: Proof of full-time attendance at an accredited institution]**

Participant's unmarried children of any age who are unable to earn a living because of mental or physical handicap, provided the child was both handicapped and eligible under the Fund upon attaining the limiting age, and is primarily dependent upon the Participant for support. Evidence of the child's dependence and incapacity must be filed with the Fund Office. **[CERTIFICATION REQUIRED: Physician Statement]**

Be certain you have completed the reverse side of this form, including all correct dates of birth and Social Security Numbers. Once complete, sign and date this form and return it to the Trust Fund Office at:

CARPENTER FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA, INC.
P.O. Box 2280, Oakland, California 94621-0180

GRANDFATHERED HEALTH PLAN

The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("the Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator or the Department of Labor at 1-866-444-3272 or *www.dol.gov/ebsa/healthreform*. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.