IBEW Local 43

Health and Prescription Benefit Plan Enrollment Form

I. ENROLLEE INFORMATION

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH	PHONE NUMBER

STREET ADDRESS AND APT NUMBER	CITY & STATE	ZIP CODE	SEX
			☐ MALE ☐ FEMALE

HIRE DATE	MARITAL STATUS AND DATE	EMAIL ADDRESS
	☐ SINGLE ☐ MARRIED ☐ LEGALLY SEPARATED ☐ DIVORCED ☐ DATE OF MARRIAGE _____	

DISABLED	MEDICARE NUMBER	MEDICARE EFFECTIVE DATE:
☐ YES ☐ NO		PART A EFFECTIVE DATE ___/___/___ "PART B" EFFECTIVE DATE ___/___/___ "PART D" EFFECTIVE DATE ___/___/___

EMPLOYMENT STATUS:	MEDICAL COVERAGE:
☐ ACTIVE ☐ COBRA ☐ RETIRED UNDER 65	□ INDIVIDUAL □ FAMILY □ FAMILY HRA □ INDIVIDUAL HRA

II. SPOUSE INFORMATION

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH	**SEX**
					☐ MALE ☐ FEMALE

MEDICARE NUMBER & EFFECTIVE DATE (IF APPLICABLE)	DISABLED	DATE OF DISABILITY
	☐ YES ☐ NO	

III. DEPENDENT INFORMATION

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH	**SEX**
					☐ MALE ☐ FEMALE
LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH	**SEX**
					☐ MALE ☐ FEMALE
LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH	**SEX**
					☐ MALE ☐ FEMALE
LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH	**SEX**
					☐ MALE ☐ FEMALE

IV. ADDITIONAL INFORMATION

ARE ANY OF YOUR DEPENDENT(S) DISABLED?	LIST NAME(S) OF DISABLED DEPENDENT(S)	MEDICARE NUMBER(S) & EFFECTIVE DATE(S) (IF APPLICABLE)
DO YOU OR YOUR SPOUSE/DEPENDENT(S) HAVE OTHER HEALTH COVERAGE?	LIST NAME OF ENROLLEE AND MEMBERS ENROLLED IN THE PLAN	NAME OF CARRIER & POLICY NUMBER

V. AUTHORIZATION TO ENROLL IN PLAN OR WAIVE COVERAGE (check waive if applicable and approve with signature)

	SIGNATURE	***DATE***
☐ I WILL WAIVE THE COVERAGE FOR IBEW Local 43 HEALTH PLANS	***PRINT NAME***	

Any person who knowingly presents false or fraudulent information or files a claim containing any materially false information is committing a crime and may be subject to civil and criminal penalties.