



ADD/DELETE DEPENDENTS FORM

THE PURPOSE OF THIS FORM IS TO ADD OR DELETE DEPENDENTS IN THE NORTHERN CALIFORNIA PLASTERERS HEALTH & WELFARE PLAN **YOU MUST ALSO COMPLETE THAT KAISER'S OR UNITEDHEALTHCARE'S REQUIRED FORM IN ORDER TO MAKE THIS CHANGE APPLY TO YOUR MEDICAL PLAN**

YOUR NAME

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
MAILING ADDRESS (STREET OR P.O. BOX)			SEX	DATE OF BIRTH
CITY	STATE/ZIP	TELEPHONE NUMBER ()		EMAIL ADDRESS

ADD/DELETE DEPENDENT SPOUSE

SPOUSE'S NAME	ADD/DELETE	EFFECTIVE DATE	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH

- To **ADD** a spouse, you must include a copy of your marriage certificate.
- To **DELETE** a spouse, you must include a copy of your divorce decree or your legal separation agreement, as appropriate.

ADD/DELETE DEPENDENT CHILD

CHILD'S NAME	ADD/DELETE	EFFECTIVE DATE	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH

- To **ADD** a child, you must include a copy of the child's birth certificate or adoption certificate, as appropriate.

I HEREBY DECLARE THAT ALL STATEMENTS AND ANSWERS ABOVE ARE TRUE, AND THAT THEY ARE THE BASIS ON WHICH COVERAGE MAY BE EXTENDED UNDER THE PLAN.

Employee Signature

Date

INTERNAL OFFICE USE ONLY