## Northern California Plasterers Trust Funds

Health and Welfare Trust Fund, Pension Plan, and Plasterers Supplemental Pension Trust 4160 Dublin Blvd, Suite 400, Dublin CA 94568-7756

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## 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	ST NAME		FIRST NAME			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		SECURITY JMBER	SEX		DATE OF BIRTH	
<ul> <li>To ADD a spouse, you must include a copy of your marriage certificate.</li> <li>To DELETE a spouse, you must include a copy of your divorce decree or your legal separation agreement, as appropriate.</li> </ul> ADD/DELETE DEPENDENT CHILD									
CHILD'S NAME	ADD/DELETE		EFFECTIVE DATE	SOCIAL SECURITY NUMBER			SEX DATE OF BIRTH		
CHILD'S NAME	ADD/DELETE		EFFECTIVE DATE		SOCIAL SECURITY NUMBER		SEX	DATE OF BIRTH	
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									