

## Northern California Plasterers Trust Funds

Health and Welfare Trust Fund, Pension Plan, and Plasterers Supplemental Pension Trust

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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	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
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- 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
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