

Connecticut Carpenters Health Fund
10 Broadway, Hamden CT 06518
(203) 281-5511 or (800) 922-6026 Fax (203) 288-3235

FORM --- COVERAGE OF AN ADULT CHILD YOUNGER THAN AGE 26
EFFECTIVE ON AND AFTER APRIL 1, 2014

Section A --- Information about participant Carpenter and Adult Child:

- * Participant name: _____
- * Participant address: _____

- * Participant Identification Number: _____
- * Name of Adult Child: _____
- * Adult Child's address: _____
- * Adult Child's date of birth: _____
- * Adult Child's Social Security Number: _____
- * Adult Child's relationship to participant (check box **and** include requested info with this form. We don't need the info if your child has been covered by the Fund at any time in the past 3 years.):
 - natural child (*please include copy of child's birth certificate*)
 - step child (*please include copy of child's birth certificate*)
 - legally adopted child, child placed for adoption with you, or foster child (*please call Fund Office for documents required to add your legally adopted child*)

IMPORTANT REMINDER: Keep in mind that the coverage of your dependents (i.e., your spouse and any of your children) cannot continue unless you have Fund coverage.

Section B --- Acknowledgments: I acknowledge that this form is being submitted to the Connecticut Carpenters Health Fund for the purpose of determining my adult child's eligibility under the Fund's rules, and that the above information is true and correct to the best of my personal knowledge and belief. If I make a false statement on this form or fail to provide any requested information promptly, I know that: (a) I will be responsible for repaying (directly or via offset against benefits otherwise due for me or my family) any benefits the Fund pays in reliance on my false or uncorrected statement and/or information, and (b) the Fund may terminate coverage for me and my family.

By: _____ Dated: _____
Print Name: _____

<p><i>Fund Office Use Only</i></p> <p>Date Form Received: _____, 20__.</p> <p>Approved: <input type="checkbox"/> / Rejected: <input type="checkbox"/></p> <p>If approved, effective date of coverage for Adult Child: _____, 20__.</p>
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