



IBEW 292 Benefits Office

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Brooklyn Park, MN 55428

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(763) 493-8830 | (800) 368-9045 | ibew292benefits.org

I.B.E.W. 292 Health Care Plan Information Sheet

Please complete and return with required supporting documents to assure health care coverage upon eligibility.

Member's Legal First Name		Middle Initial	Member's Legal Last Name		Union Card Number If Applicable
Social Security Number		Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		
Email Address				Preferred Phone Number	
Address			City	State	Zip
Spouse's Legal Name		Gender	Date of Birth	Social Security Number	
Dependent Child's Legal Name		Gender	Date of Birth	Social Security Number	

Please attached additional form if more space is required

Is your dependent child(ren) covered under any other medical insurance? Yes No

If yes, please complete the following:

Is this a medical assistance plan sponsored by the state or county? Yes No

Primary policy holder: _____ Relation to child(ren): _____

Primary policy holders DOB: _____ Effective Date of Coverage: _____

AUTHORIZATION

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that the above statements are true and complete to the best of my knowledge and belief. I understand that if intentionally falsify or fail to give any information on this form, claims may be denied and I may be subject to litigation by the Plan. I also understand that I must notify the Plan of any changes in the above information within 30 days of the change. **THIS FORM MUST BE SIGNED BY THE MEMBER AND SPOUSE** (unless there is not spouse).

Member Signature _____ Date _____

Spouse Signature _____ Date _____



Health Care Plan Information Sheet Instructions

THE ATTACHED FORM IS REQUIRED WHETHER YOU ARE SINGLE OR HAVE DEPENDENTS; AND IS REQUIRED ON AN ANNUAL BASIS AS WELL AS WHEN CHANGES OCCUR.

In order for your dependents to become eligible for health care coverage we required copies of the following documents (if your family is new to the plan or you are a returned member and there have been changes to your family):

To Add Spouse:

- Certified Marriage Certificate
- Spouse Coverage Verification Form

To Add Child(ren):

- Birth Certificate for each dependent child, if adding a newborn we can accept the Certificated Birth Record
- Adoption Paperwork
- Adult Dependent Enrollment Application for dependents between the ages of 19 and 26
- Other Insurance Questionnaire (if applicable)

If you wish to add a new spouse or dependent to the plan because of marriage, birth or adoption you need to provide notice to the plan within 180 days of the event. If you fail to provide the needed information within the time limit you may still add the new spouse or child(ren) to the plan; however the coverage will be effective only as of the date that the required documents are received in our office.

Please returned the completed form(s) to us in the enclosed envelope, via fax at 763-416-6196 or email to enrollment@ibew292benefits.org.

Thanks you!