



IBEW LOCAL 595 TRUST FUNDS



NEW MEMBER PACKET CHECKLIST

FORMS TO BE RETURNED TO THE TRUST FUND OFFICE:

(It may not be necessary to complete all forms listed below depending on your coverage choices. Please contact the Fund Office if you have any questions regarding your enrollment!)

- ☐ **Enrollment Form** This is required for all Participants
- ☐ **Kaiser Enrollment Form** This form is required **only** for Participants who are selecting Kaiser.
- ☐ **UHC Enrollment Form** This form is required **only** for Participants who are selecting United Healthcare HMO.
- ☐ **Beneficiary Forms** It is strongly recommended that you complete both the Beneficiary Card and the Life Insurance Beneficiary Form to ensure that death benefits are paid according to your wishes.
- ☐ **Authorization for Release of Protected Health Information** It is strongly recommended that you, your spouse and your eligible Dependents over age 18 complete the Authorization for Release of Protected Health Information Form.
- ☐ **Marriage Certificate** If you are married, please send the Trust Fund Office a photocopy of your marriage certificate to your current Spouse.
- ☐ **Declaration of Domestic Partnership** If you have a registered Domestic Partner, please submit a photocopy of your Declaration of Domestic Partnership.
- ☐ **Birth Certificates** Please submit photocopies of birth certificates for: You, your Spouse/Domestic Partner, and any Dependent Children you wish to enroll onto the Plan (including step children, and adopted children).
- ☐ **Proof of Dependency for Step Child** Please provide the Plan proof that you support your stepchild(ren): Your tax return or a copy of any other documentation proving your step-child(ren) reside with you.
- ☐ **Proof of Dependency for Adopted Children** Please provide the Plan proof of adoption: legal adoption documents or documents showing placement of your child with you for purposes of adoption.