



THE EMPLOYEE PAINTERS' TRUST HEALTH & WELFARE FUND

Date: _____

Voluntary Disenrollment—Waiver of Health Care Coverage **For Dependent Child NOT Age of Majority in State Where Child Resides**

Participant's Name: _____

Participant's Social Security Number: _____

Participant's Street Address: _____

City, State, Zip: _____

PLEASE READ CAREFULLY BEFORE SIGNING

This is a legally binding document. The purpose of this document is to waive your dependent child's coverage from The Employee Painters' Trust Health and Welfare Plan ("Plan"). By signing this document, you hereby waive and relieve the Plan from any liability or obligation for claims that may result if your dependent child was covered under the Plan.

The **Effective Date** is the first day of the month following the date that the request is approved by the Trust Office.

The undersigned hereby acknowledges, agrees, and represents that all the following are true:

- Dependent Child's Name: _____ is my dependent child.
- Age of Dependent Child: _____ State of Child's Residence: _____
- I do not wish my dependent child to be covered by The Employee Painters' Trust Health and Welfare Plan. **Effective Date:** _____.
- I understand that if I sign this form, my dependent child will not be eligible for coverage for claims incurred on and after the Effective Date noted above.
- I have determined that more favorable alternative coverage from another plan, group health insurance, or public program is available only if my dependent child is not covered under this Plan.

I hereby waive my dependent child's **coverage and known rights to benefits** from The Employee Painters' Trust Health and Welfare Plan.

Participant's Signature _____

Date _____

THIS DOCUMENT MUST BE NOTARIZED. PLEASE SIGN AND HAVE THE SECTION BELOW COMPLETED, SIGNED AND SEALED BY A NOTARY PUBLIC.

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires:

(Notary Seal) _____

20 _____

County _____ State _____

(OVER)

PROVIDE THE REASON FOR THE REQUEST TO VOLUNTARILY DISENROLL DEPENDENT CHILD:

TAX CONSEQUENCES

You and your dependents should be advised that there may be adverse tax consequences under the Affordable Care Act if you and your dependents do not maintain qualifying minimum essential coverage. You should consult your tax professional or lawyer for appropriate advice before choosing to voluntarily disenroll your dependents from coverage under this Plan.

REINSTATEMENT PROVISION

If your dependent child is removed under this provision, he or she may only regain coverage under the applicable enrollment if requested by the participant by submitting a new enrollment form to the Trust Office. The participant must also demonstrate eligibility of the dependent child as an eligible dependent under the Plan. Coverage will commence in the month following completion of reenrollment.