NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS BENEFIT PLANS
7570 Caple Blvd., Suite B / Northwood, Ohio 43619 / Telephone (419) 662-1388 / Fax (419) 662-1733

STATUS CHANGE FORM

Address Change

Member's Name: _____SS#_____

NEW Address: _____

_____

_____

Effective Date: _____

Signature: _____ Date: _____

Marital Status Change

Member's Name: _____SS#_____

Spouse's Name: _____

_____ Marriage Effective Date: _____

*Marriage Certificate*_____ *Vital Form*_____ *Beneficiary Card* _____

_____ Divorce Effective Date: _____

Divorce Decree _____ *Vital Form* _____ *Beneficiary Card* _____

Signature: _____ Date: _____

Add Dependent

Dependent Child's Name: _____

Social Security Number: _____ Date of Birth_____

Birth Certificate Received _____

Is child covered under any other insurance? Yes _____ No _____ If yes, please provide other coverage information below.

Subscriber: _____ *Date of Birth:* _____

Name of Insurance: _____ Coverage: Medical Dental Vision Rx

Signature: _____ Date: _____

For Office Use Only
Information sent to: *Nurse* _____ *Union Office*_____