CEMENT MASONS AND PLASTERERS TRUST FUNDS

PLEASE PRINT

ENROLLMENT FORM

Social Security Numbers,	•	·			nge/Add Dependent(s)	
□ New Enrollment	Figure In Address Change # □ Name Change previous name □ Change/A					
						Check if Step
	AME Middle Initial)	SOCIAL SECURITY NUMBER	SEX (M/F)	BIRTHDATE (Mo/Day/Year)	RELATIONSHIP to SUBSCRIBER	Foster or Adopted Child
Member					Self	
Mailing Address (Street or	PO Box, City, State, Zip Co	de)				
Telephone Number			Email Address			
Spouse					Date of Marriage	
Eligible Dependents (see b	pack for definition)					
☐ Yes ☐ No If "y file with the Administrat	yes", please provide the ir ion Office.	nrolled in or eligible to enroll in Mormation below. If enrolled in Mormation below. Soc. Sec. Num	Iedicare Part	s A, B, or D, a copy		
☐ Yes ☐ No ☐ If "y file with the Administrat Name of Subscriber with Name and Address of Ot 2. Insurance Covers: ☐ ☐ Beneficiary Change You may name anyone a to any community proper	yes", please provide the ir ion Office. Other Coverage ther Insurance Company Subscriber Spouse syour Beneficiary to recently interest in your benefit	Soc. Sec. Num Children Children 3. Other Control BENEFICIARY DESIGNATION Serve benefits from the Trust. How	ber City Overage Inclu NATION	Pol State Medical	icy or I.D. Number Zip Dental Uvision	d must be on
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F16/F44

NOTICE

Please be advised that this form MUST be signed by the participating Member for beneficiary designations to be valid.

Completion of this Enrollment/Change Form does not constitute a guarantee of benefits. Actual benefits are based on eligibility and Plan provisions in effect at the time of service. Please refer to your Summary Plan Description for eligibility rules and a complete list of benefits.

The Board of Trustees reserves the right to request any and all documents to verify the status of the Eligible Dependents.

Please note, in order for the Trust's dental and vision plans to be considered excepted benefits for the purposes of federal law, the Trust is required to provide you with the option of opting out of the Trust's dental and vision benefit plans. Electing to opt out of the Trust's dental and vision plans will not change your dollar bank deduction rate or the contributions required to obtain Trust coverage. If you nonetheless want to opt out of the Trust's dental and vision plans please send a request in writing to the Trust Administration Office at the address provided on your enrollment form.

DEFINITION OF DEPENDENT ELIGIBILITY

Your Eligible Dependents include:

- 1. Your lawfully married spouse; and
- 2. Your Eligible Dependent Children. Eligible Dependent Children include your natural children, your adopted children, your stepchildren or children placed with you for adoption who are under the age of 26. In addition, Eligible Dependent Children include a legally placed foster child who is placed with the participant by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction. Eligible Dependent Children also include children, other than those mentioned above, for whom you have legal custody or are the legal guardian pursuant to a judgment, decree, or other order of any court of competent jurisdiction and provided they depend upon you for support and live with you in a regular parent-child relationship.
- 3. In accordance with federal law, the Plan also provides coverage for certain dependent children (called alternate recipients) if directed to do so by a qualified medical child support order (QMCSO) issued by a court or state agency of competent jurisdiction.
- 4. Your unmarried, developmentally disabled and physically handicapped dependent child may continue coverage after reaching age 26 if the child is solely dependent upon you for support, not capable of self-sustaining employment by reason of developmental disability or physical handicap and provided the dependent was an Eligible Dependent Child and so handicapped at the time of reaching the limiting age of 26. You must submit written proof of such incapacity to the Trust Administration Office within 31 days of the child's attainment of age 26. The Trust Administration Office, upon receipt of the proof, has the right to have a Physician it designates examine the child as it may reasonably require, but not more often than once every two years. Eligibility for disabled or handicapped dependent children will end when the disability no longer exists, or when you fail to submit any required evidence of disability as requested by the Trust Administration Office.

The following are not considered Eligible Dependents:

- 1. Your legally separated or divorced spouse;
- 2. A child who has been legally adopted by another person. Eligibility ends on the date the adoptive parents assume custody.
- 3 A child who has attained the maximum limiting age. The maximum limiting age is the child's 26th birthday.