

IDAHO PIPE TRADES TRUST

Administrative Office



Idaho Pipe Trades
Health & Welfare Trust
LU 296 & LU 648

Plumbers & Pipefitters
Pension Trust
LU 296 LU 648 LU 41

HEALTH & WELFARE PLAN ENROLLMENT FORM

Due Within 60 DAYS of when you are first eligible

CHECK ALL THAT APPLY: [ ] New Enrollment [ ] Adding Dependents [ ] Dropping Dependents [ ] Address Change

EMPLOYEE'S FULL LEGAL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

LOCAL UNION NO. \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ GENDER: (Circle One) Male Female

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

MARITAL STATUS: [ ] Married (Date of Marriage) \_\_\_\_\_ [ ] Single [ ] Divorced (Date of Divorce) \_\_\_\_\_

[ ] Domestic Partner (Date of Domestic Partnership) \_\_\_\_\_ [ ] Domestic Partnership Dissolution (Date of Dissolution) \_\_\_\_\_

MEDICAL/PRESCRIPTION, DENTAL, AND VISION PLAN:

MEDICAL, DENTAL & VISION - BLUECROSS OF IDAHO (Group# 10034808)

PRESCRIPTION - Optum Rx (Group# PSI2839)

NOTE: If you, your spouse, your domestic partner, or any of your dependents are on Medicare or Medicare Eligible, please include a copy of your Medicare Card.

IMPORTANT: If your Spouse works at least 20 hours per week or 80 hours per month and has group insurance coverage available through an employer but does not elect that coverage, your Spouse will not be considered an Eligible Dependent and the Plan will not cover your Spouse's claims for benefits under the Plan. This applies whether or not your Spouse must pay for the other coverage. (See SPD Pages 9-11.)

NOTIFYING THE PLAN OF OTHER COVERAGE CHANGES: If you or your spouse or dependents become eligible for and/or enrolled in or loses other group health coverage you are required to notify IPTT in writing within 60 days by completing a Health & Welfare Plan Change Form. Failure to notify IPTT of other coverage changes and/or any false statements or misrepresentation on this form is considered fraudulent and may result in retroactively terminating plan coverage and you will be responsible for reimbursement for all amounts paid in connection with such coverage. See page 46 of the SPD.

DEPENDENTS - (Including Spouse / Domestic Partners)

YOU MUST ATTACH LEGAL DOCUMENTATION THAT APPLIES TO ADD YOUR DEPENDENTS:

Birth Certificate(s) for children, Marriage Certificate for spouse, Legal Adoption papers, Legal Guardianship papers

Table with 5 columns: FULL NAME, RELATIONSHIP, DATE OF BIRTH, SSN, GENDER. Includes five rows of blank lines for data entry.

DECLARATION: I have provided the above information to the very best of my knowledge. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand Section 1027 of Title 18 of the United States Code makes it a crime to knowingly make a false statement in any document required to be kept by or certified to the administrator of a pension or health/welfare plan. I further understand that the punishment for violation of this law can be both a fine up to \$10,000 and imprisonment for as long as five years.

ACKNOWLEDGMENT: I understand and acknowledge that in order to process claims for benefits, physicians, hospitals or other medical providers may share information with Idaho Pipe Trades Health & Welfare Trust or their representatives regarding my or my dependents' health history, symptoms, treatment, examination results or diagnosis.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

1220 SW Morrison St., Suite 300 - Portland, OR 97205

Telephone (800) 808-1687 or (208) 288-1610 FAX (208)288-1670 Email iptt@aibpa.com

www.IPTT.org