

# Carpenters Health and Security Plan of Western Washington

## Enrollment Form

To properly enroll in the Carpenters Health and Security Plan, you must complete this form in its entirety and return it to Carpenters Trusts of Western Washington in Seattle. The address is on the reverse side of this form. Additional documents are required for each dependent as described on the reverse side of this form. Please return this form and the required documents as soon as possible. *We cannot process your health care claims without your completed Enrollment Form and related documents on file at the Trust Office.*

### Section 1 – Participant Information

	Last Name	First Name	MI	Social Security Number	Date of Birth
Participant's Name					
Mailing Address				Home Telephone (     )	
City, State, Zip				Mobile Number (     )	
				Email	
Check all that apply	Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed <input type="checkbox"/>			

### Section 2 – Eligible Dependents

List all eligible dependents who should be covered under this plan. A legal spouse and children as described on the reverse side of this form are eligible. If you have more than four dependents, please provide the information on a separate sheet.

Dependent Name	<b>1</b>	Gender (M-F)		Social Security Number	
Mailing Address		Date of Birth		Mobile Number	
City, State, Zip		Relationship		Email	
Dependent Name	<b>2</b>	Gender (M-F)		Social Security Number	
Mailing Address		Date of Birth		Mobile Number	
City, State, Zip		Relationship		Email	
Dependent Name	<b>3</b>	Gender (M-F)		Social Security Number	
Mailing Address		Date of Birth		Mobile Number	
City, State, Zip		Relationship		Email	
Dependent Name	<b>4</b>	Gender (M-F)		Social Security Number	
Mailing Address		Date of Birth		Mobile Number	
City, State, Zip		Relationship		Email	

### Section 3 – Life Insurance Beneficiary

List the name of the person who should receive your life insurance benefit. Subject to the applicable community property laws, your life insurance beneficiary can be anyone except an employer and yourself.

Beneficiary Name		Gender (M-F)		Social Security Number	
Mailing Address		Date of Birth		Mobile Number	
City, State, Zip		Relationship		Email	

**Your Signature Is Required On the Reverse Side of This Form**

## Section 4 – Participant’s Signature

It is a crime to knowingly provide false, incomplete, or misleading information to an insurer for the purpose of defrauding the insurer. Penalties include denial of insurance benefits, fines and imprisonment.

**Participant’s Signature**

**Date**

## Enrollment Form Instructions

**Section 1 – Participant Information.** Please provide all the information requested in this section.

**Section 2 – Eligible Dependents.** List all eligible dependents who should be covered under this plan. You must include all the information requested in this section including legal last names, even if they are the same as yours. Please provide addresses for dependents only if different than yours. The following family members qualify as eligible dependents:

- Your lawful spouse, unless legally separated. You **must** include a copy of your marriage certificate and your spouse’s Social Security number.
- Your domestic partner as defined by the Carpenters Health and Security Plan of Western Washington and your domestic partner’s children. The following domestic partners are eligible: (1) In Washington State, a domestic partnership that is registered with the State of Washington. This includes a domestic partnership in which one or both of the partners are age 62 or older. (2) In Idaho, Montana and Wyoming, a same-sex domestic partnership. In all situations, a domestic partner is subject to satisfaction of certain enrollment and tax prepayment requirements. Please contact Participant Services at the Trust Office for the appropriate documents.
- Your children through age 25 including: (1) natural children and legally adopted children; (2) children placed with you (the participant) for adoption before the adoption is finalized; and (3) stepchildren. You **must** include a copy of each child’s birth certificate.
- Your legally placed children through age 25 if the child was placed with you (the participant) before age 18 by an authorized placement agency, or by judgment, decree, or other court order specifying you have legal custody. The child must: (1) have the same principal place of residence as you; and (2) not provide more than one half of his or her support. The residency requirement is waived for children who are away from home attending school. Proof of full-time student status is required to determine if your child is eligible for enrollment.

If additional documentation is required, the Trust Office will contact you, in writing, following receipt of your Enrollment Form, marriage certificate and/or birth certificate(s). Medical, prescriptions, dental, and vision claims cannot be processed until the required documents have been received by the Trust Office.

**Section 3 – Life Insurance Beneficiary.** List the name of the person who should receive your life insurance benefit. Subject to the applicable community property laws, your life insurance beneficiary can be anyone except an employer and yourself. If your beneficiary does not survive you, or if you do not name a beneficiary, proceeds are paid to the first survivor in the following order: (1) spouse; (2) children, in equal shares; (3) parents, in equal shares; (4) brothers and sisters, in equal shares; (5) executors or administrators.

**Section 4 – Participant’s Signature.** Please sign and date this form. The Trust Office cannot process this form without your (the participant’s) signature.

### Carpenters Trusts of Western Washington

PO Box 1929  
Seattle, WA 98111-1929  
(206) 441-6514 Seattle Area  
(800) 552-0635 Nationwide  
[www.ctww.org](http://www.ctww.org)