



**CENTRAL STATES SOUTHEAST AND SOUTHWEST AREAS HEALTH AND WELFARE FUND  
ENROLLMENT UPDATE FORM**

We are pleased to have you as a participant of the Central States Health and Welfare Fund. **It is very important for you to complete this enrollment form so that future health and welfare claims are not delayed for you and your dependents.** Please complete and sign this form and return to the Fund as soon as possible.

**PARTICIPANT / EMPLOYEE ENROLLMENT INFORMATION**

|                  |  |                |              |
|------------------|--|----------------|--------------|
| NAME OF EMPLOYER | LOCAL UNION                                  |                | DATE OF HIRE |
| MEMBER ID NUMBER | 806 _____                                    | BIRTH DATE     |              |
| LAST NAME        | FIRST NAME                                   | MIDDLE INITIAL |              |
| ADDRESS          |  |                |              |
| ADDRESS          | GENDER                                       |                | MALE FEMALE  |
| CITY             | STATE  | ZIP            |              |
| PHONE NUMBER     | ( )  | FAX ( )        | EMAIL        |
| MARITAL STATUS   | (CIRCLE ONE) SINGLE MARRIED DIVORCED WIDOWED |                |              |

CHECK HERE IF THIS IS A NEW ADDRESS OR IF YOU HAVE RECENTLY MOVED.

**SPOUSE ENROLLMENT INFORMATION**

|  |                                       |                |
|--|---------------------------------------|----------------|
| SPOUSE'S SOCIAL SEC. NO.   | BIRTH DATE                            | MARRIAGE DATE  |
| LAST NAME  | FIRST NAME                            | MIDDLE INITIAL |
| SPOUSE'S EMPLOYER  | PHONE ( )                             |                |
| DOES YOUR SPOUSE HAVE INSURANCE THROUGH HIS/HER EMPLOYER             | (circle one) YES NO                   |                |
| NAME OF INSURANCE CARRIER  | PHONE NUMBER ( )                      |                |
| GROUP POLICY NUMBER  |                                       |                |
| CIRCLE <u>ALL</u> THE COVERAGES PROVIDED BY SPOUSE INSURANCE         | MEDICAL RX CHIROPRACTIC DENTAL VISION |                |
| DOES YOUR SPOUSE'S INSURANCE PROVIDE COVERAGE FOR DEPENDENT CHILDREN | (circle one) YES NO                   |                |

**DEPENDENT CHILDREN ENROLLMENT INFORMATION**  
\* See backside for documents required for enrollment \*

| LAST NAME | FIRST NAME | M | BIRTH DATE | SEX | RELATIONSHIP |
|-----------|------------|---|------------|-----|--------------|
|           |            |   |            |     |              |
|           |            |   |            |     |              |
|           |            |   |            |     |              |
|           |            |   |            |     |              |

(List additional children on a separate sheet.)

Please note that the Fund may require additional documentation before claims can be processed. If you have any questions regarding the enrollment process, please call our Participant Services Department at 1-800-323-5000.

**Please mail to:** Central States Health and Welfare Fund  
Indicative Records Department  
Post Office Box 5112  
Des Plaines, IL 60017-5112

**Or fax to:** (847) 518-9779

I certify the accuracy of this information and understand that I must inform the Health and Welfare Fund of any changes.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

**DOCUMENTS REQUIRED FOR ENROLLMENT**  
**Please provide us with copies of any documentation applicable.**

The Plan requires that a child meets the necessary requirements to be enrolled as a covered dependent. The documents, indicated below, are necessary to verify that a child meets these requirements.

**IF ENROLLING A DEPENDENT CHILD FROM A PREVIOUS MARRIAGE:**

- We need the Divorce Decree & Settlement of natural parents.

**IF ENROLLING A STEPCHILD:**

- We need a Birth Certificate.
- We need the Divorce Decree & Settlement of natural parents.
- We need a Marriage Certificate if spouse's last name is different than the member's last name.

**IF ENROLLING A CHILD BORN OUT OF WEDLOCK:**

- We need the court order regarding insurance.
- If there is no court order, we need proof of child support in the form of:
  - Income Tax Return
  - Copies of Child Support Checks
  - Birth Certificate

**IF ENROLLING A CHILD FOR WHICH YOU ARE GUARDIAN:**

- We need Guardianship / Custody Documents.

**IF ENROLLING AN ADOPTED CHILD:**

- We need the Final Adoption Papers.
- If the adoption is not final, we need the Placement Agreement.

**IF ENROLLING A CHILD BETWEEN THE AGES OF 19 AND 23:**

- We need a completed **STUDENT VERIFICATION FORM** (to obtain form, either call us at 1-800-323-5000, or download from our web site at [www.centralstates.org](http://www.centralstates.org)).

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