N.E.C.A. I.B.E.W. LOCAL 480 RE-ENROLLMENT FORM

Please complete and return to the above address as soon as possible. Claims will be denied until this information is received, and our files are updated.

Employee Social Security No.	Employee Last Name		Employee First Name		M.I.
Home Phone Number ( )	Street Address		City, State, Zip Code		
Sex ( ) M ( ) F	Date of Birth	Marital Status		Date of Current Marriage	
Do you currently have other health coverage? ( ) No ( ) Yes	If Yes, Carrier Name and Address:	Policy Number	Effective Date	Medicare ( ) A -> ( ) B ->	Effective Date

Provide the following information for all persons to be covered

Full Name / Relationship to Employee	Sex M/F	Date of Birth MM/DD/YY / Soc. Sec. No.	Indicate Yes or No for each item: Full Time Student	Indicate Yes or No for each item: Other Health Coverage	Carrier (include Medicare) / Employer (If Applicable)
Spouse					
[redacted]		Soc. Sec. No.			
1. Dependent					
Relationship		Soc. Sec. No.			
2. Dependent					
Relationship		Soc. Sec. No.			
3. Dependent					
Relationship		Soc. Sec. No.			
4. Dependent					
Relationship		Soc. Sec. No.			
5. Dependent					
Relationship		Soc. Sec. No.			
6. Dependent					
Relationship		Soc. Sec. No.			

Full Name Relationship to Employee	Sex M/F	Date of Birth MM/DD/YY	Indicate Yes or No for each item Full Time Student	 Other Health Coverage	Carrier (Include Medicare) Employer (If Applicable)
7. Dependent					
Relationship		Soc. Sec. No.			
8. Dependent					
Relationship		Soc. Sec. No.			

DEPENDENT CHILD INFORMATION

Please complete the section below for any child not born of your current marriage. Send a copy of the natural parent's Divorce Decree, so it may be determined who has the responsibility for the child's medical coverage.

Child's Name	Relationship

If the Natural Mother is not covered by the NECA IBEW Local 480 Health & Welfare Fund, please complete the following:

Natural Mother's Name	Social Security Number
Natural Mother's Address	
Natural Mother's Employer's Name and Address:	
Natural Mother's Insurance Company Name and Address	Policy Number

If the Natural Father is not covered by the NECA IBEW Local 480 Health & Welfare Fund, please complete the following:

Natural Father's Name	Social Security Number
Natural Father's Address	
Natural Father's Employer's Name and Address:	
Natural Father's Insurance Company Name and Address	Policy Number

Name of Parent with Custody of Child

For each child not born of your current marriage, please provide the answers to the above questions on a separate sheet of paper and attach to this form.

For any child who is your natural child but is not born of a valid marriage and who does not reside with you, please submit a copy of the Court Decree relating to the responsibility for healthcare benefits.

Employee Signature	Date