



Adult Child Form – 2014

Member Name:	Member ID#:
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If Dependent is being enrolled for the first time and has never been covered by the Fund, a copy of the dependent's Birth Certificate MUST be enclosed with the completed form.

Dependent Information: Please complete.

Name: _____ Date of Birth: _____

SSN: _____ Address: _____

Member Signature _____ Phone # _____ Date _____

Dependent Signature _____ Phone# _____ Date _____

Email address _____

****This form may be duplicated in the event of multiple qualified adult children****

******YOUR ADULT CHILD WILL NOT BE ELIGIBLE FOR THIS COVERAGE UNTIL THE 1ST DAY OF THE MONTH FOLLOWING RECEIPT OF THIS COMPLETED FORM******

