ENROLLMENT FORM - DEPENDENT COVERAGE FOR ADULT CHILDREN

Please fill out this form **twice per year, in December and in June (so coverage is not interrupted)** and return to:

PSSU Local Unit Health & Welfare Fund
2589 Interstate Drive
Harrisburg, PA 17110-9602
Fax (717) 651-9529

INSTRUCTIONS: Please complete the information below if you wish to enroll your adult children (ages 19-25) in dependent coverage under the Fund.

Your dependent children can include your natural children, stepchildren, legally adopted children (or children lawfully placed for adoption) and children for whom you are the court-appointed guardian (as demonstrated by the appropriate court order). Your children will be covered to age 26 regardless of the child's marital status, student status, residency (with you or anyone else), financial dependence (on you or anyone else) or employment status. However, an adult child (ages 19-25) who is eligible to enroll in another employer-sponsored health plan (other than a plan of the child's other parent) will not be eligible for dependent coverage under the Fund.

The Fund reserves the right to ask for a copy of your child's birth certificate or, if applicable, the adoption decree or court order if there is a Date of Birth discrepancy.

Participant's Name: _____

Participant's Address: _____ _____

Participant's SSN: _____

Child's Name: _____ Date of Birth _____
SSN _____ Relationship_____

Child's Name: _____ Date of Birth _____
SSN _____ Relationship_____

Child's Name: _____ Date of Birth _____
SSN _____ Relationship_____

By signing below, I hereby certify that my adult child/children, as identified above, is/are not eligible to enroll in another employer-sponsored group health plan (other than a plan of the child's/children's other parent). I understand that eligibility for any other employer-sponsored group health plan (other than a plan of the child's/children's other parent) would make my adult child/children ineligible for dependent coverage under the Fund.

Participant's Signature: _____Date:_____

Participant's Home Telephone Number _____