



## DEPENDENT ELIGIBILITY FOR CHILDREN UP TO AGE 19

**NATURAL CHILD – If you are requesting coverage for your Natural Child, please complete Section A:**

**SECTION A.**

I DO HEREBY STATE THAT I AM THE NATURAL PARENT OF: \_\_\_\_\_  
(DEPENDENT CHILD'S NAME)

I WAS PREVIOUSLY MARRIED TO: \_\_\_\_\_ DOB: \_\_\_\_\_  
(NAME OF CHILD'S OTHER PARENT) (OTHER PARENT'S DATE OF BIRTH)

**ATTACH A COPY OF THE DIVORCE DECREE**

I WAS NEVER PREVIOUSLY MARRIED TO: \_\_\_\_\_ DOB: \_\_\_\_\_  
(NAME OF CHILD'S OTHER PARENT) (OTHER PARENT'S DATE OF BIRTH)

**TO THE BEST OF MY KNOWLEDGE MY DEPENDENT CHILD:**

DOES **NOT** HAVE ANY OTHER MEDICAL, DENTAL, AND/OR VISION INSURANCE OTHER THAN THAT OF THE IRON WORKERS BENEFIT TRUST.

DOES HAVE ANOTHER MEDICAL, DENTAL, AND/OR VISION INSURANCE PLAN BESIDES THAT OF IRON WORKERS BENEFIT TRUST.

**STEP-CHILD – If you are requesting coverage for your Step-Child, please complete Section B:**

**SECTION B.**

I DO HEREBY STATE THAT MY SPOUSE, THE NATURAL PARENT OF: \_\_\_\_\_  
(DEPENDENT STEP-CHILD'S NAME)

WAS PREVIOUSLY MARRIED TO: \_\_\_\_\_ DOB: \_\_\_\_\_  
(NAME OF CHILD'S OTHER PARENT) (OTHER PARENT'S DATE OF BIRTH)

**ATTACH A COPY OF THE DIVORCE DECREE**

WAS NEVER PREVIOUSLY MARRIED TO: \_\_\_\_\_ DOB: \_\_\_\_\_  
(NAME OF CHILD'S OTHER PARENT) (OTHER PARENT'S DATE OF BIRTH)

**TO THE BEST OF MY KNOWLEDGE MY DEPENDENT STEP-CHILD:**

DOES **NOT** HAVE ANY OTHER MEDICAL, DENTAL, AND/OR VISION INSURANCE OTHER THAN THAT OF THE IRON WORKERS BENEFIT TRUST.

DOES HAVE ANOTHER MEDICAL, DENTAL, AND/OR VISION INSURANCE PLAN BESIDES THAT OF IRON WORKERS BENEFIT TRUST.

**CUSTODIAL PARENT'S INFORMATION:**

**SECTION C.**

CHILD'S PRIMARY RESIDENCE IS WITH THE IRON WORKER

CHILD'S PRIMARY RESIDENCE IS NOT WITH THE IRON WORKER, AND CUSTODIAL PARENT'S INFORMATION IS BELOW.

Custodial Parent's Name: \_\_\_\_\_

Custodial Parent's Mailing Address: \_\_\_\_\_

Custodial Parent's Telephone: \_\_\_\_\_

Custodial Parent's Date of Birth: \_\_\_\_\_

Custodial Parent's Last Four Digits of Social Security Number: \_\_\_\_\_

**I AM REQUESTING THAT THIS CHILD BE PLACED AS A DEPENDENT ON MY INSURANCE POLICY.**

\_\_\_\_\_  
IRON WORKER'S PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
IRON WORKER'S SIGNATURE

\_\_\_\_\_  
DATE