

SPECIAL ENROLLMENT FORM FOR CHILD OF A PARTICIPANT

➔ All information requested on this form must be provided.

➔ You must sign where indicated on the REVERSE side.

I. INFORMATION ABOUT PARTICIPANT (Employee/Retiree)

1. Full name _____ 2. SSN/Indiv. ID# _____
3. Address _____

II. INFORMATION ABOUT CHILD

1. Full name of child _____ 2. Child's SSN# _____
3. Child's sex: M F 4. Child's date of birth including year _____
5. Child's relationship to you _____ (natural, adopted, etc.)
6. Child's address if different than yours _____

ANSWER QUESTIONS 7 - 10 IF CHILD IS AGE 19 OR OLDER

7. Is child a full-time student? yes no
8. Is child employed? yes no If "yes," give name, address and TELEPHONE NUMBER of employer _____
9. Is child eligible for health care coverage through his or her employment? yes no
10. Child's marital status: Single/Divorced Married

III. INFORMATION ABOUT CHILD'S SPOUSE (skip if child is unmarried)

1. Full name of child's spouse _____
2. Child's spouse's SSN _____
3. Date of child's marriage to spouse _____
4. Is child's spouse employed? yes no If "yes," give name, address and TELEPHONE NUMBER of employer _____
5. Is child eligible for health care coverage through his or her spouse's employment? yes no

(OVER)

IV. SIGNATURES

I affirm that the information provided above is true and correct to the best of my ability, and I authorize my employer to release information concerning the availability of other group coverage to the Northern Illinois Benefit Fund.

READ BEFORE SIGNING

A child age 19 or older who is eligible for coverage through his or her employment or through his or her (the child's) spouse's employment is NOT ELIGIBLE for coverage under Fund unless he is a full-time student.

IT IS YOUR (PARTICIPANT'S AND ADULT CHILD'S) RESPONSIBILITY to inform the Fund as soon as possible if other group health coverage becomes available to the adult child through his or his spouse's employment.

THE FUND'S RIGHT TO PROTECT ITSELF FROM FRAUD: The Fund has the right to verify any information you provide on this form. A person who withholds or falsifies information about other available coverage from the Fund is committing fraud, and the Fund has the right to take legal action against him or her and to cancel coverage retroactively.

➔ _____	_____
Employee's (or Retiree's) Signature	Date
➔ _____	_____
Child's Signature (if child is age 19 or older)	Date
➔ _____	_____
Child's Spouse's Signature (if child is age 19 or older and married)	Date

IV. SUBMIT TO FUND OFFICE WITH DOCUMENTATION.

After you have completed and signed this form, mail it to the Fund Office at the address shown at the top of the form. If this child has never been covered under the Fund, you must include a certified copy of the child's birth certificate. If the child was not born of your current marriage, you must submit copies of all pertinent court orders (divorce decrees, custody awards, paternity orders, etc.). Unless the Fund requests the information, you do NOT have to submit these documents if the child was previously covered under the Fund but lost coverage when he reached the age limit.

If the child is a full-time student over age 19 you must submit proof of registration for the upcoming quarter or semester, and grades from the most recent quarter or semester.