

**ENROLLMENT AND INFORMATION CHANGES
NATIONAL ELEVATOR INDUSTRY BENEFIT PLANS
(Not to be used for National Elevator Industry 401(k) Plan)**

(Please type or print in ink-Complete entire form)

PLEASE READ REVERSE SIDE

- Helper- New to Trade
- Retired Active Employee
- Address Change-This does not require Notarization
- Dependent Add or Change-Provide required documentation-(SEE REVERSE SIDE)
- Beneficiary Add or Change

Employee Name _____ Soc. Sec. No. _____ - _____ - _____
 Address _____
 City _____ State _____ Zip Code _____
 Birth Date _____ Hire Date _____ Union Local No. _____ Home Telephone No. () _____

Failure to list eligible dependents and to supply required documentation may result in a denied Health Plan claim. False information may result in loss of eligibility and/or prosecution. (Spouses, children under age 19, full-time students under age 25, handicapped or disabled children are eligible dependents.)

Eligible Dependents

Last Name	First	Initial	Soc. Sec. No.	M / F	Date of Birth Month/ Day/Year	Relationship

Beneficiary Information

Name _____ Soc. Sec. No. _____
 Address _____ Date of Birth _____
 City _____ State _____ Zip _____
 Relation to Employee _____ Share % _____ Home Phone No. () _____

Beneficiary Information

Name _____ Soc. Sec. No. _____
 Address _____ Date of Birth _____
 City _____ State _____ Zip _____
 Relation to Employee _____ Share % _____ Home Phone No. () _____

(FOR ADDITIONAL AND/OR CONTINGENT BENEFICIARIES USE SEPARATE SHEET)

I hereby designate the above to be beneficiary of any benefits due from the National Elevator Industry Pension and Health Benefit Plans. This designation revokes any prior designation inconsistent herewith. I reserve the right to change the beneficiary at my discretion and understand that any change is not effective unless this form is properly completed and received by the Benefits Office. If more than one beneficiary is named, payment shall be made in equal shares unless otherwise stated.

Signature of Employee _____ Date _____

Sworn to or affirmed and subscribed before me, a Notary Public, this _____ day of _____, 19 _____

Notary Public _____

Complete and Return Immediately to the National Elevator Industry Benefits Office at:
 19 Campus Blvd. Suite 200
 Newtown Square PA 19073-3228

ENROLLMENT AND INFORMATION CHANGES

This form is needed to **ADD** or **INACTIVATE** dependents. Please refer to these instructions before completing this form. Attach a copy of the appropriate documents as set forth below.

TO ADD DEPENDENTS:

- ◇ **SPOUSE:** A marriage certificate and spouse's birth certificate. The spouse's surname on the marriage certificate must match that on the birth certificate. Supporting documents must be included to explain any discrepancy. Supporting documents include spouse's divorce decree from previous marriage or a death certificate of spouse's former husband/wife.
- ◇ **NATURAL CHILD:** A state certified birth certificate, baptismal certificate, or a verification of birth letter from a hospital. The document must have both parents' full names listed. A hospital letter can only be used until the member receives the child's state certified birth certificate. (CHILD WILL BE COVERED FOR FIRST 90 DAYS FROM BIRTH WITHOUT ENROLLMENT DOCUMENTATION.)
- ◇ **STEP-CHILD:** A state certified birth certificate, custody papers, and most recent Federal income tax return showing dependency. The child must be living with the member in a parent-child relationship. Natural parent (member's spouse) of child must have sole and full custody rights. (NOTE: All documentation is required.)
- ◇ **ADOPTED CHILD:** Adoption decree that is signed and dated by a judge and a copy of the birth certificate.
- ◇ **STUDENTS/OVER AGE 19:** Eligibility for a dependent who has reached age 19 requires an original Verification of Attendance letter from student's school to be reviewed by the Benefits Office every October and March. The letter must state that the student is attending classes on a **FULL-TIME BASIS**.
- ◇ **PERMANENT DEPENDENT CHILD:** A permanent dependent child is a child who is unable to support him/herself due to mental retardation or physical handicap and is chiefly dependent upon the member for maintenance and support. We must have a letter from the child's doctor explaining the child's illness and diagnosis.

TO INACTIVATE DEPENDENTS:

- ◇ **SPOUSE:** A full divorce decree or a death certificate. The divorce decree must be signed by a judge and dated. (If we do not receive one of these documents, we will **NOT ADD** a member's new spouse nor inactivate a former spouse.)
- ◇ **CHILD/STUDENT:** A child who reaches the age of 19 will be inactivated automatically unless he/she is attending school Full-time and the Benefits Office receives a **Verification of Attendance letter**.
- ◇ **STEP-CHILD:** A step-child will only be inactivated if the member and the spouse are divorced or if custody terms change. We must receive the divorce decree and/or custody papers from the member before a step-child is inactivated.

COMPLETION FORM GUIDELINES

- **LIST ALL CURRENT DEPENDENTS WHEN ADDING A NEW DEPENDENT**
- **COMPLETE ENTIRE BENEFICIARY SECTION EVEN IF THE INFORMATION REMAINS THE SAME**
- **THIS FORM MUST BE NOTARIZED EXCEPT FOR ADDRESS CHANGES ONLY.**
- **SEND COPIES ONLY. ORIGINAL DOCUMENTS WILL NOT BE RETURNED TO YOU EXCEPT FOR VERIFICATION OF ATTENDANCE LETTERS.**

REMINDER No dependents will be added or inactivated without the proper documentation. The member will have his/her request denied until the procedure is followed correctly.

⇔ **THE BENEFITS OFFICE MUST BE NOTIFIED IMMEDIATELY UPON MEMBER'S DIVORCE**

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE THE NEI BENEFIT PLANS FILES THIS FORM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY LOSE NEI BENEFITS.