ILWU / PMA Benefit Plans

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RECORD CHANGE FORM

This form will be used exclusively by the ILWU/PMA Benefit Plans office, your Health Plan carriers and your Union Local

SECTION 1 Required Information

REGISTRATION # : LOCAL:

LONGSHOREMAN'S LEGAL LAST NAME:

LONGSHOREMAN'S LEGAL FIRST NAME: INITIAL

SOCIAL SECURITY # : - -

SECTION 2 New Address

STREET #1

STREET #2

CITY STATE

ZIP CODE PHONE # ( ) -

SECTION 3 Change of Legal Name

From: _____ To: _____

SECTION 4 Change in Marital Status

Married ☐ Widowed ☐ Divorced ☐ Separated ☐

DATE Month - Day - Year

SECTION 5 Add Dependents

Please see instructions on other side of this form.

Effective Date Mo	Effective Date Year	Legal Last Name	Legal First Name	Initial	Social Security #	Date of Birth Month/Day/Year	Male	Female	Relationship: Spouse	Relationship: Natural Child	Relationship: Step Child	Relationship: Other

SECTION 6 Delete Dependents

Please provide the address of any spouse or dependent child you are deleting. The Benefit Plans office is required by law to notify dependents who lose group coverage of their right to purchase continuation coverage.

Effective Date Mo	Effective Date Year	Legal Last Name	Legal First Name	Initial	Reason	Relationship	Address

My signature certifies that the above information is correct based on the Welfare Plan's definitions of Dependent Spouse and Dependent Child found on the reverse side of this form. The dependents I've listed in Section 5 above meet the applicable Welfare Plan's definitions of Dependent Spouse and Dependent Child.

LONGSHOREMAN'S SIGNATURE _____ DATE _____

Dependent Spouse – A person who is married to a Longshoreman, Pensioner, or Social Security Retiree and who is so identified on both a valid marriage certificate (or other appropriate evidence of marriage to the extent a marriage certificate is not otherwise available or applicable under the laws of the jurisdiction in which the marriage was contracted) and the form provided by the Trustees for enrollment of dependents that has been most recently executed by such Longshoreman, Pensioner, or Social Security Retiree; provided, that a marriage shall be deemed valid under the Plan if it is considered valid under the laws of the jurisdiction in which it was contracted. The Trustees shall review the list of enrolled Dependent Spouses from time to time for the purpose of verifying Eligibility.

Dependent Child - Effective July 1, 2011, the Welfare Plan definition of "Dependent Child" is being changed because of the new health reform law . The new definition is: A person (1) who is identified by the Active Employee or Pensioner on the form provided by the Trustees for the enrollment of dependents (which form has been filed with the Trustees), (2) who is within one of the following classes: (a) a natural child of an Active Employee or Pensioner, (b) a legally adopted child of an Active Employee or Pensioner, (c) a stepchild or foster child of an Active Employee or Pensioner, or (d) a child who has or had a parent/child relationship with an Active Employee or Pensioner if such child's natural parent is not in fact supporting such child, (3) who does not have employment-based group health coverage available to him or her other than through the parent and has attained age 19, or 23 if a full-time student, and (4) who either: (i) has not attained 26 years of age or (ii) is, and continues to be, upon attaining age 26, mentally or physically incapacitated so as to be incapable of self-sustaining employment.

For each dependent, attach the following required documents:

Spouse or Same-Sex Spouse: ☐ Copy of marriage certificate

Natural or Step Child: ☐ Copy of birth certificate **Adopted and/or Foster Child :** ☐ Copy of birth certificate or other proof of age
☐ If applicable, documentation establishing child's placement for adoption or foster care

Incapacitated Dependent Child over age 26 ☐ Copy of birth certificate
☐ Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, www.benefitplans.org or Local)
☐ Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)
☐ Medical Report for Incapacitated Dependent Benefits Form WF303

Legal Guardianship Child: ☐ Copy of birth certificate or other proof of age
☐ Documentation establishing child's placement for legal guardianship
☐ Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, www.benefitplans.org or Local)
☐ Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)

Any Other Child: ☐ Copy of birth certificate or other proof of age
☐ Notarized Dependent Child Certification Form WF446 (available at Benefit Plans office, www.benefitplans.org or Local)
☐ Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, www.benefitplans.org or Local)
☐ Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)

Medical coverage for eligible Dependent Children terminates at age 26, full-time student status not required.

For Dependent Children ages 19 to 23 who are full-time students, in addition to the above documentation, please also attach student verification for Dental Plan eligibility as shown below:

→ For Lifemap - Willamette Dental: Proof of full-time student status for children ages 19-23. Coverage terminates at age 23.
→ For Delta Dental CA, WA or OR, Kaiser Oregon Dental, Gentle Dental, Harbor Dental and Dental Health Services CA: Coverage terminates at age 26 (full-time student status not required).
→ For Dental Health Services Washington: Coverage terminates at age 25 (full-time student status not required).