

# LOCAL 22 HEALTH PLAN – DEPENDENT FORM

MEMBER – LAST NAME

FIRST NAME

M.I.

MEMBER PAYROLL NUMBER

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

SPOUSE - LAST NAME

FIRST NAME

M.I.

DATE OF MARRIAGE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

1. DEPENDENTS - LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

SOCIAL SECURITY NUMBER

2. DEPENDENTS – LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

SOCIAL SECURITY NUMBER

MEMBERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THIS CONTACT FORM WILL PROVIDE THE HEALTH PLAN WITH THE INFORMATION NEEDED TO ADD A SPOUSE / DEPENDENT. HAVE YOU UPDATED YOUR LIFE AND PENSION BENEFICIARY?**

## LOCAL 22 HEALTH PLAN – DEPENDENT FORM

Fill out the Dependent Form completely to add a new spouse or child.

You must include your spouse's / dependent's Social security number.

Make a copy of your Marriage Certificate, if adding a spouse. The Marriage certificate must be the official government copy with the State seal clearly visible. A religious / souvenir certificate is **NOT acceptable**.

Make a copy of the official government Birth Certificate, if adding a child.

**Hospital certificates will not be accepted.** The Birth Certificate must have the members name as a parent.

This form and the proper certificates **must be submitted within 30 days** of the marriage / birth in order to have your spouse / dependent covered by Local 22's Health Plan.

The Dependent Form and copies of the proper certificates can be e mailed to [Lfinnerty@iaff22.org](mailto:Lfinnerty@iaff22.org) or [LClark@iaff22.org](mailto:LClark@iaff22.org), faxed to 215 440-4417, mailed to Local 22 Health Plan – 415 N 5<sup>th</sup> St – Philadelphia, PA 19123 or hand delivered to the Health Plan Office.

**Any Questions feel free to call 215-440-4421 or 22**

### CHECKLIST

- 1 Dependent Form – signed, dated, payroll number and completely filled out.
- 2 Copies of the proper government issued certificates.
- 3 Dependent Social Security Numbers on form